

REQUEST FOR FACT FINDING PANEL

(File original and 4 copies with the Maine Labor Relations Board,
90 State House Station, Augusta, Maine 04333-0090.)

1. Petitioner/Requester

Designated Negotiation Representative (if different)

Name _____

Name _____

Address _____

Address _____

Bus. Tel. _____

Bus. Tel. _____

Home Tel. _____

Home Tel. _____

E-Mail (if available) _____

E-Mail (if available) _____

2. Respondent (Opposite Party)

Designated Negotiation Representative (if known)

Name _____

Name _____

Address _____

Address _____

Bus. Tel. _____

Bus. Tel. _____

Home Tel. _____

Home Tel. _____

E-Mail (if available) _____

E-Mail (if available) _____

3. This request for a fact-finding hearing is: a unilateral request
 a mutual request.

4. A suitable time and place for the hearing will be: _____

5. This request is for: a private fact-finding panel
 services of the Board of Arbitration and Conciliation (must be mutual request).

Signature and capacity of Petitioner _____ Date Signed _____

If a mutual request, signature and capacity of Respondent _____ Date Signed _____

The unresolved issues in the controversy must be attached and marked "Issues in controversy, Exhibit 1."