

**MEDIATION REQUEST FORM**

(File original and 2 copies with the Maine Labor Relations Board,  
90 State House Station, Augusta, Maine 04333-0090.)

REQUESTING PARTY:

OPPOSITE PARTY:

Name \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Fax (if available) \_\_\_\_\_

Fax (if available) \_\_\_\_\_

Name all units involved: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF ISSUE(S) TO BE DISCUSSED IN MEDIATION: (List issues in dispute.)

This is for an initial contract \_\_\_\_\_

Termination or reopener

successor contract \_\_\_\_\_

date: \_\_\_\_\_

reopener \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature and capacity of requesting party)