

APPENDIX "A"
REQUEST FOR MEDIATION FORM

Date: _____ Submitted by: _____

Name of Municipality: _____

Name(s) and title(s) of Requesting Party(ies):

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check off appropriate block:

- Council Issue
- Council-Staff Issue
- Other: Explain Briefly

Signatures of Requesting Parties

1. _____
(Print) (Title) (Phone Number)

(Signature) (Date)

2. _____
(Print) (Date) (Phone Number)

(Signature) (Date)