ARBITRATION REQUEST FORM

To be filed in quadruplicate with the Maine Board of Arbitration
and Conciliation, 90 State House Station, Augusta, Maine 04333

REQUESTING PARTY:	OPPOSITE PARTY:
Name _____	Name _____
Organization _____	Organization _____
Address _____	Address _____
_____ Zip _____	_____ Zip _____
Telephone _____	Telephone _____

Is this submission joint? _____ or unilateral? _____

Have the issue(s) listed hereon been agreed to by the parties? Yes _____ No _____

Description of issue(s) to be discussed at arbitration proceeding including specific sections of bargaining agreement involved:

Remedy sought:

Attach four (4) copies each of grievance, contract and other pertinent documents.
No request will be processed until all material is received.

_____ _____
Date Signature and capacity of requesting party

The undersigned certifies that a copy of this request, the grievance, collective bargaining agreement, and other pertinent documents being filed herewith have been sent to the opposite party.

_____ _____
Date Signature and capacity of requesting party

Rev. 10/89