

Docket No. RPC-_____ (RPC use only)

REQUEST FOR NON-BINDING ARBITRATION

INFORMATION ABOUT YOUR ORGANIZATION:

Please provide complete information regarding your organization:

Name: _____

Address: _____

Please provide the following information about the individual the RPC should contact regarding this Request for Non-Binding Arbitration:

Name: _____

Title: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

INFORMATION ABOUT THE MEDIATION OF THE DISPUTE AS TO WHICH YOU REQUEST NON-BINDING ARBITRATION

Mediation Docket No: RPC-_____

RPC Mediator: _____

Please provide the following information regarding each of the other parties to the mediation (use additional sheets if more than one other party participated in the mediation):

Name of the Other Party: _____
Address: _____

Please provide the following information regarding the individual(s) who represented that party in the mediation (use additional sheets if more than one other party participated in the mediation):

Name: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

INFORMATION ABOUT YOUR REQUEST FOR NON-BINDING ARBITRATION:

- Each of the parties identified above has agreed to non-binding arbitration:
 - Yes.
 - No.
 - The other party(ies) have not responded either in the affirmative or negative.
- Non-binding arbitration is requested:
 - Before an RPC Arbitrator.
 - Before another alternative dispute resolution forum.
- Non-binding arbitration is requested for (check all that apply):
 - A dispute involving a claim for reimbursement of relocation costs.
 - A dispute involving a payment or cost-sharing obligation.
 - Other Dispute. Please describe the dispute as to which non-binding arbitration is requested:

Signature

Printed name

Date

REQUEST FOR NON-BINDING ARBITRATION

Name: _____

Date: _____

If needed, please provide additional information regarding your request for non-binding arbitration on this page.