			Ar	bitration
	Board or State A	ssociation		
Address	City	State	Zip	
	Request for I	Mediation		
In the matter of	Complainant	_vs	Respondent	
I am requesting mediation with t	the above-named disputant. There is	is due, unpaid, and owin	g to me (or I retain) from the	above-
named person the sum of \$ by reference into this application.	My claim is predicate	d upon the statement attac	hed, marked Exhibit I and incor	porated
Signature of REALTOR® Principal/Authorized Designee		Date		
Type/Print Name		Phone		
Address	City	State	Zip	
	Form Optional: This may be a	ccomplished by telephone	<u>.</u>	
	1	1 7 1		

(Amended 11/12)

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