



REQUEST FOR MEDIATION SERVICES

I hereby request mediation in accordance with the Monterey County Association of REALTORS® guidelines and procedures as outlined in the attached Mediation Agreement. I agree to mediation in accordance with the Association’s mediation guideline and procedures with the following parties.

____ **Participant #1**

First / Last Name

Address

City, State, Zip Code

Contact Phone

Email

____ **Participant #2**

First / Last Name

Address

City, State, Zip Code

Contact Phone

Email

The Association will select one of the following mediators: Philip Daunt, Jeannie Fromm or Paul Gullion. Should you have an objection or preference, please specify.

Indicated objection / preference: _____

A date for the conference will be selected upon receipt of available dates from both parties. Every effort will be made to schedule the conference within 30 days. Please list dates and times you will **not** be available for a mediation conference within the next 30 day period.

List unavailable dates below: _____

Mediation Service Fee: \$1000

Please sign and return this form along with a check made payable to MCAAR in the amount of \$1000. Should the party not wish to mediate, your payment will be returned to you.

First / Last Name

Address

City, State, Zip Code

Contact Phone

Email

Remit request with payment to:
 Monterey County
 Association of REALTORS®
 Attention: Kevin Stone
 5 Harris Court, Building A
 Monterey, CA 93940

Signature

Date