



501 NE Hood Avenue, Suite 210, Gresham, OR 97030
Phone (503) 667-1211 Fax (503) 667-1211

Request for Mediation

In the matter of _____ vs. _____
Complainant Respondent

I am requesting mediation with the above-named disputant prior to a hearing of this dispute by the Professional Standards Committee of the East Metro Association of REALTORS®.

There is due, unpaid, and owing to me (or I retain) from the above-named person the sum of \$_____.

My claim is predicated upon the statement attached, marked Exhibit I and incorporated by reference into this application.

Signature of Realtor Principal/Authorized Designee

Date

Type/Print Name

Phone

Address City State Zip

