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| | Board | or State Association | | |
|--|--|-------------------------------------|-------------------------|-------------------------|
| | | | | |
| Address | | City | State | Zip |
| | Request for Proce | edural Review (Aı | rbitration) | |
| Γo the President of the | | | | |
| | | Board or State Association | | |
| In the case of: | Complainant | vs | Respondent | |
| | , do hereby | | | |
| | e Board of Directors of the | | | |
| | not hear an appeal on the merits iral deficiency or other irregularit | | | |
| My (our) request is based of | on the following: | | | |
| | detail [narrative] the facts which he space below. The procedura | | | |
| of \$ | * made payable to the | | | _ Board or Association) |
| | | | | |
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| | | | | |
| | and issues maised in this symitten a | request will be consider | red by the Board of Dir | ectors at the procedura |
| NOTE: Only those facts a review hearing. | and issues raised in this written | • | | 1 |
| review hearing. | | | | |
| review hearing. Dated: | and issues raised in this written | | rint): | |
| review hearing. Dated: Name (Type/Print): | | Name (Type/P | rint): | |
| review hearing. Dated: Name (Type/Print): Signature: | | Name (Type/P | | |
| review hearing. Dated: Name (Type/Print): Signature: Address: | | Name (Type/P Signature: Address: | | |
| Preview hearing. Dated: Name (Type/Print): Signature: Address: | | Name (Type/P Signature: Address: | | |
| Preview hearing. Dated: Name (Type/Print): Signature: Address: | | Name (Type/P Signature: Address: | | |

*Not to exceed \$500.