



## REQUEST FOR MEDIATION OF GENERAL DISPUTES\*

**PLEASE TYPE OR PRINT**

Description of dispute/issues:

**INITIATOR:** Check box for contact preference: e-mail, home phone, etc.

First Name:	Middle:	Last:
<input type="checkbox"/> E-mail:	<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Mobile:
Street Address:		
City:	State:	ZIP:

**RESPONDENT:** Check box for contact preference: e-mail, home phone, etc.

First Name:	Middle:	Last:
<input type="checkbox"/> E-mail:	<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Mobile:
Street Address:		
City:	State:	ZIP:

### FOR CITY USE ONLY

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Person:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Complete the information above and e-mail or fax to:

Veronica Mikho  
E-mail: vmikho@ncrconline.com  
Fax: 858-263-0234

\* \$50 fee waived for first year pilot program