NOTICE OF INTENT TO ARBITRATE

(Demand for Arbitration)

TO:			
ADDRESS:			
EMAIL:	PHONE #		
contract, the undersigned su	that pursuant to paragraph, page(bmits the following dispute to binding artion of Washington Arbitration & Media	rbitration in accordance with	
Brief description of dispute	and relief requested):		
Claim value sought by the u	ndersigned:		
Other relief sought by the ur	ndersigned:		
similar to being served with	VEN that being served with this Notice of a civil lawsuit. If you fail to respond an award entered against you.		
YOU ARE FURTHER NOT shall not cause a delay in the	CIFIED that failing to file an Answer to a earbitration process.	a Demand for Arbitration	
DATE	NAME (type or	NAME (type or print)	
SIGNATURE			
ADDRESS	PHONE #	EMAIIL	

UPON RECEIPT OF THIS DOCUMENT, PLEASE CONTACT:

Arbitration Administrator
Washington Arbitration & Mediation Service
600 University Street, Suite 900
Seattle, WA 98101
206) 467-0793 * (800) 933-6348 * Facsimile (206)

Telephone (206) 467-0793 * (800) 933-6348 * Facsimile (206) 467-7810 Email: wams@usamwa.coom