

FOR ASSOCIATION USE ONLY

M# _____

Date: _____

CONSENT TO MEDIATION

The undersigned party to an agreement, if any contained in a written contract, dated _____ providing for mediation, hereby consent to mediation under said agreement. (Attach a copy of the mediation clause).

Please describe the nature of your dispute:

Claim or Relief Sought (Amount if any): _____

It is understood and agreed that the mediation will be held at the Administrative Office of the South Bay Association of REALTORS®, located at the address below, pursuant to the mediation rules of the Association. A signed copy of **the Consent to Mediation and the Mediation Rules and Confidentiality Agreement** is necessary to schedule your mediation.

Requesting Party's Contact Information:

Name of Requesting Party: _____

Address of Requesting Party: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Email: _____

Representative of Requesting Party (Requesting Party's Attorney or REALTOR®):

Name of Representative: _____

Representative's Company: _____

Cell Phone: (____) _____ Email: _____

Signature of Requesting Party

Date

Other Party's Contact Information (Please include as much information as possible):

Name(s) of Other Party(s): _____

Address of Other Party(s): _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Email: _____

Signature of Other Party

Date