

award and to comply with it promptly.

REQUEST & AGREEMENT TO ARBITRATE

Instructions:

- 1. Please download, fill, save and electronically submit this application to Kelley@slrealtors.com.
- 2. Once submitted, you will receive an email with payment instructions.
- 3. When payment is confirmed, you will receive our welcome email with important membership information and instructions.

To the Grievance Committee of the Salt Lake Board of REALTORS®: Filed:								
COMPLAINANT(S) Principal Broker:								
	(Print/Type Name & Company Name, if applicable)							
Agent:								
	(Print/Type Name & Company Name, if applicable)							
RESPONDENT(S) Principal Broker:								
Fillicipal bloker.	(Print/Type Name & Company Name, if applicable)							
Agent:								
<u> </u>	(Print/Type Name & Company Name, if applicable)							
Yes No								
	oming and remaining a member of the Salt Lake Board of REALTORS® (or Participant in its MLS), has rbitration through the Board under its rules and regulations.							
	person named below is a member in good standing of the Board (or Participant in its MLS), or was a REALTORS® at the time the dispute arose.							
	e real estate business as defined by Article 17 of the Code of Ethics exists between me, the complainant , ersons and/or firms you wish to name as respondents to this arbitration):							
	owing to me (or I retain) from the above-named persons the sum of \$ on the statement attached, marked Exhibit I and incorporated by reference into this application.							
(5) I request and consent to	arbitration through the Board in accordance with its Code of Ethics and Arbitration Manual (alternatively, "in							

accordance with the professional standards procedures set forth in the bylaws of the Board"), and I agree to abide by the arbitration

In the event I do not comply with the arbitration award and it is necessary for any party to this arbitration to obtain judicial confirmation and enforcement of the arbitration award against me, I agree to pay the party obtaining such confirmation the costs

and reasonable attorney's fees incurred in obtaining such confirmation and enforcement.



(6) I understand that I may be represented by legal counsel, and that I should give written notice no less than fifteen (15) days before the hearing of the name, address, and phone number of my attorney to all parties and the Board. Failure to provide this notice may result in a continuance of the hearing, if the Hearing Panel determines that the rights of the other party(ies) require representation.

Each party must provide a list of the names of witnesses he intends to call at the hearing to the Board and to all other parties not less than fifteen (15) days prior to the hearing. Each party shall arrange for his witnesses to be present at the time and place designated for the hearing. The following REALTOR® nonprincipal (or REALTOR-ASSOCIATE® nonprincipal) affiliated with my firm has a financial interest in the outcome of the proceeding and has the right to be present throughout the hearing:

NON	N-PRINCIPAL BROKER:					
	A ffiliate d Nonprinc ip a l REALTO R @ who has a financial interest in the outcome of the proceeding (if any)					
(7)	I declare that this application and the allegations contained herein are true and correct to the best of my knowledge and belief an this request for arbitration is filed within one hundred eighty (180) days after the closing of the transaction, if any, or within on hundred eighty (180) days after the facts constituting the arbitrable matter could have been known in the exercise of reasonable diligence, whichever is later.					
(8)	If either party to an arbitration request believes that the Grievance Committee has incorrectly classified the issue presented in the request (i.e., mandatory or voluntary), the party has twenty (20) days from the date of the receipt of the Grievance Committee's decision to file a written appeal of the decision. Only those materials that the Grievance Committee had at the time of it determination may be considered with the appeal by the Board of Directors.					
CO	MPLAINANT SIGNATURE: DATE: Ple ase Type YourName He re					

Ple ase Type YourName He re									
ADDITIONAL COMPLAINANT:		DATE:							
PRIMARY COMPLAINANT CONTACT INFORMATION									
HOME ADDRESS:		City:		State:	Zip				
PHONE 1:	Home	Cell	Work	Other					
PHONE 2:	Home	Cell	Work	Other					
EMAIL ADDRESS:		GE	NDER: Male	Female					