

AMERICAN ARBITRATION ASSOCIATION

DEMAND FOR ARBITRATION

To institute proceedings, please send three copies of this demand and the arbitration agreement, with the filing fee as provided in the rules, to the AAA. Send the original demand to the Respondent(s).

Date: _____

Dispute arises out of the Independent System Operator (ISO) Tariff

Name of Claimant: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

(*For additional Claimants, use the attached form)

Party on whom the Demand is Made: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

(*For additional Parties, use the attached form)

The named Claimant, a party to an arbitration agreement contained in a written contract dated _____ and providing for arbitration under the **Commercial Arbitration Rules** of the American Arbitration Association, hereby demands arbitration thereunder.

STATEMENT OF CLAIM(S):

RELIEF SOUGHT (including the proposed award if applicable):

FOUNDATIONS FOR RELIEF:

Hearing Locale Requested: _____
(City and State)

The Party or Parties on whom the Demand is made are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association at its _____ office, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within ten days after notice from the administrator.

Claimant's Signature _____ Title _____
(May Be Signed by a Representative)

ADDITIONAL CLAIMANTS

1. Name of Claimant: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

2. Name of Claimant: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

3. Name of Claimant: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

4. Name of Claimant: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

ADDITIONAL PARTIES ON WHOM THE DEMAND IS MADE

1. Party on whom the Demand is Made: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

2. Party on whom the Demand is Made: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

3. Party on whom the Demand is Made: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____

4. Party on whom the Demand is Made: _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax _____ email _____

Name of Representative _____

Name of Firm (if applicable) _____

Representative's Address _____

City and State _____ Zip Code _____

Telephone() _____ Fax _____ email _____