

- 3. ATTORNEY INFORMATION:** (If you will be represented by an attorney during the Arbitration Phase, please provide the following information. You are not required to be represented by an attorney. (See Section E of the Dispute Resolution Policy))

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

COMPLAINING PARTY'S SIGNATURE
(If TMC, Signature of President/CEO)

DATE