Alternative Dispute Resolution Application

Initiating Member: _____ Phone: _____

Lake Address: _____ E-Mail: _____

I offer the following facts and information to define and describe my dispute with:

_____

(Member's name or community organization that is subject of dispute)

Description of Dispute: (Use additional paper as needed)

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NOTE: ADR application Fee must accompany this application for the application to be considered complete.

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Office Use:

Date Received: _____ Received By:_____

(MM/DD/YYYY) (Name)