

REQUEST FOR VOLUNTARY MEDIATION

Date of Request: _____

Party Requesting Mediation landlord/representative tenant/representative

Name: _____

Address: _____

City, State, Zip: _____

Daytime Telephone: _____ Cell: _____

Available dates and times in the next two weeks: _____

Non-filing Party Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

If no telephone available, non-filing party may be notified by mail.

DO NOT WRITE BELOW

Non-Payment of Rent

Other

Sent to: MMP
(612) 822-9890

NHMP
(763) 561-0266

Clerk _____

Date: _____