

# STATE ARBITRATION BOARD

3600 Red Road, Suite 409  
Miramar, FL 33025

## REQUEST FOR ARBITRATION OF A CLAIM

CONTRACT NO.: \_\_\_\_\_

CLAIMANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street or P. O. Box City State Zip

STATE JOB NO.: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

The Claimant elects to:

\_\_\_\_\_ Submit only the written information attached to this request and, subject to agreement by the Respondent party, waive an oral presentation to the Board.

**OR**

\_\_\_\_\_ Participate in a hearing before the Board to present testimony and exhibits.

**The Claimant ( \_\_\_ ) will ( \_\_\_ ) will not have an attorney present at the hearing.**

If a hearing is held, the Claimant will be represented by the following persons:

Name:	Title:
_____	_____
_____	_____
_____	_____

The Claimant requests that the Respondent have the following persons present at the hearing:

Name:	Title:
_____	_____
_____	_____
_____	_____

**THE CLAIMANT ACKNOWLEDGES HAVING READ S 337.185, FLORIDA STATES AND THE OPERATING PROCEDURES OF THE STATE ARBITRATION BOARD.**

_____	_____	_____
DATE	SIGNATURE	TYPE OR PRINT NAME AND TITLE

**MAIL THIS FORM AND ACCOMPANYING DOCUMENTS TO THE OFFICE OF THE STATE ARBITRATION BOARD**