

**MOUNT LEBANON COMMUNITY RELATIONS BOARD
REQUEST FOR MEDIATION APPLICATION**

I. Party Requesting Mediation

Name(s):

Address:

Telephone no(s) [home phone, cell phone]:

E-Mail:

II. Party with whom the Requester would like to Mediate

Name(s):

Address:

Telephone no(s) [home phone, cell phone]:

E-Mail:

Date: _____

Kindly mail, or submit the completed form to the following address:

Mt. Lebanon Community Relations Board
c/o Susan Morgans, staff liaison
Mt. Lebanon Municipality
710 Washington Road
Pittsburgh, PA 15228