

**REQUEST FOR MEDIATION**

**TO: MHS MEDIATION SOURCE**  
**Email: [dsloan@closingsource.net](mailto:dsloan@closingsource.net)**  
**Fax: 678-795-1550**  
**eFax: 770-874-9622**

**FROM:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**THE NATURE OF THIS DISPUTE IS:**

---

---

---

---

---

---

**THE PARTIES WHO WILL PARTICIPATE IN THE MEDIATION ARE:**

---

---

---

**PREFERRED DATES AND TIMES WHEN THE PARTIES CAN MEET FOR  
MEDIATION ARE:**

---

---

---