

**FRATERNAL ORDER OF POLICE LODGE #91
ALLEGHENY COUNTY**

REQUEST FORM FOR ARBITRATION FINANCIAL ASSISTANCE

DATE: _____

POLICE DEPARTMENT: _____

ADDRESS: _____ PHONE #: _____

FOP REPRESENTATIVE (Name): _____ PHONE #: _____

SWORN PERSONNEL: _____

FOP MEMBERS: _____

NON-SWORN: _____

PART-TIME: _____

Total: _____

NUMBER OF PERSONNEL THE BARGAINING UNIT REPRESENTS: _____

BARGAINING UNITS MEMBERS:

CHAIRMAN: _____ PHONE #: _____

_____ PHONE #: _____

_____ PHONE #: _____

_____ PHONE #: _____

_____ PHONE #: _____

ARBITRATOR REPRESENTING YOUR DEPARTMENT:

NAME:

ADDRESS:

PHONE #:

ARBITRATION EXPENSES: \$ YEAR (S): TOTAL:

(NOTE: PLEASE ENCLOSE COPIES OF STATEMENTS, INVOICES, ETC... WITH THIS FORM)
