Attachment (1)
Professional Fire Fighters of Maine
Affiliate’s Request for Service Form

PFFM Affiliate Number _____________ Name of Local President ________________________________
Address ____________________________________________ E-Mail Address ___________________
Cell # __________________ Office #________________ Fax #______________
Date of Assistance/Service Request: ______________________________________________________
PFFM District Vice-President Contacted __________________________ Date _____________________
Type of Assistance/Service Requested

[  ] Organizing
[  ] First Contract
[  ] Grievance/Arbitration
[  ] Negotiations Assistance
[  ] Unfair Labor Practice Assistance
[  ] Disciplinary/Adverse Actions
[  ] Internal Local Assistance
[  ] Education/Training
[  ] Legislative Assistance
[  ] Other __________________________________________________________________________

If Organizing, City/Town ________________ Contact Person ________________________________
Phone Number ___________________________ E-Mail Address ________________________________
Number of Potential Members _____________ Charter Applications Completed [ ] IAFF [ ] PFFM
Constitution & By-Laws [ ] Pending [ ] Awaiting Membership Approval [ ] Submitted to IAFF/PFFM
Affiliate’s Exclusive Recognition [ ] Petition Filed [ ] Recognition Approved by MLRB
Collective Bargaining Proposals [ ] Drafted [ ] Submitted [ ] Negotiated
Issue[s] to be addressed:

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Actions Taken by Affiliate:

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Follow-up Required: ____________________________________________________________________

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Additional Information:

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Has a complete copy of the case file and any and all necessary information/data been provided to the District Vice President? [ ] Yes [ ] No

Date Provided: ________________ Date to be Provided: ________________