

REQUEST FOR MANDATORY MEDIATION
RE: Feeding Contract (Code of Iowa, Section 654B.3)

FOR IMS USE ONLY:

Date Received: _____

Case #: _____

REQUESTING PARTY IS TO COMPLETE AND RETURN BY CERTIFIED MAIL TO:

Iowa Mediation Service
1025 Ashworth Road, Suite 400
West Des Moines, IA 50265
515/331-8081

DATE MAILED: _____

REQUESTING PARTY _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Contact Person _____

Address _____

Telephone _____

OWNER OF LIVESTOCK _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

FARM RESIDENT _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Give a brief description of the livestock in question in this matter: _____

Give a brief summary of the nature of this dispute: _____

If more space is needed for any of the above information, please attach additional sheets of paper.

Enclose a copy of the contract in question with this request form.