



Please complete form fully and deliver to:

City of Tallahassee
City Attorney's Office
300 South Adams Street, A-5
Tallahassee, Florida 32301
Telephone: (850) 891-8995
Fax: (850) 891-8973
Email: CAOmediate@talgov.com
Date Received: _____

REFERRAL TO THE
CITY OF TALLAHASSEE
LANDLORD/TENANT MEDIATION PROGRAM

(for office use only)

Source of Referral (Agency)

[Text box for Source of Referral (Agency)]

or

Self Referred (Party #1 Name)

[Text box for Self Referred (Party #1 Name)]

Date of Referral

[Text box for Date of Referral]

Reason for Referral/Matter Referred

[Text box for Reason for Referral/Matter Referred]

Party Referred #1: Has mediation been discussed with this party? YES NO

Name

[Text box for Name]

Address

[Text box for Address]

City/Zip

[Text box for City/Zip]

Telephone

[Text box for Telephone]

Fax

[Text box for Fax]

Email

[Text box for Email]

Party Referred #2: Has mediation been discussed with this party? YES NO

Name

[Text box for Name]

Address

[Text box for Address]

City/Zip

[Text box for City/Zip]

Telephone

[Text box for Telephone]

Fax

[Text box for Fax]

Email

[Text box for Email]

(Please list additional parties, if any, on additional sheet)

Special Needs/ Circumstances/ Time and Day Availability

[Text box for Special Needs/ Circumstances/ Time and Day Availability]

Agency Referral Prepared by:

Name:

[Text box for Name]

Telephone

[Text box for Telephone]

Fax

[Text box for Fax]

Email

[Text box for Email]

Shall we call you regarding the disposition of this matter? YES NO