



## FEES MEDIATION COMMITTEE ARBITRATION CONSENT FORM

- I hereby confirm that I/my company was advised of a request for arbitration by (name of the Client requesting arbitration):

\_\_\_\_\_

- I acknowledge that should the Fees Mediation Committee accept to conduct an arbitration of the fees dispute in respect of a fee charged for professional engineering services provided to my client, the Committee will inform me of that decision and provide me with an Arbitration Agreement for my review and consideration.

Name: \_\_\_\_\_  
Family/Last Name(s) First Name(s)

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City Province Postal Code

Contact Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Signature Date of this Request

**This completed form should be submitted together with the Request for Arbitration Form, completed by the Client of a licensee or of a Certificate of Authorization holder requesting mediation of the fees dispute.**

General Inquiries Regarding the Mediation Process:

Lana Tereshchenko  
Tribunal Administrative Officer  
Tel.: (416) 224-1100 ext. 2269  
E-Mail: administrativestaff@peo.on.ca