

**AMERICAN ARBITRATION ASSOCIATION**  
**DEMAND FOR ARBITRATION**

To institute proceedings, please send three copies of this demand and the arbitration agreement, with the filing fee as provided in the rules, to the AAA. Send the original demand to the Respondent(s).

Date: \_\_\_\_\_

Dispute arises out of the Independent System Operator (ISO) Tariff

**Name of Claimant:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

(\*For additional Claimants, use the attached form)

**Party on whom the Demand is Made:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

(\*For additional Parties, use the attached form)

The named Claimant, a party to an arbitration agreement contained in a written contract dated \_\_\_\_\_ and providing for arbitration under the **Commercial Arbitration Rules** of the American Arbitration Association, hereby demands arbitration thereunder.

STATEMENT OF CLAIM(S):

RELIEF SOUGHT (including the proposed award if applicable):

GROUND(S) FOR RELIEF:

Hearing Locale Requested: \_\_\_\_\_  
(City and State)

The Party or Parties on whom the Demand is made are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association at its \_\_\_\_\_ office, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within ten days after notice from the administrator.

Claimant's Signature \_\_\_\_\_ Title \_\_\_\_\_  
(May Be Signed by a Representative)

## ADDITIONAL CLAIMANTS

**1. Name of Claimant:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**2. Name of Claimant:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**3. Name of Claimant:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**4. Name of Claimant:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**ADDITIONAL PARTIES ON WHOM THE DEMAND IS MADE**

**1. Party on whom the Demand is Made:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**2. Party on whom the Demand is Made:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**3. Party on whom the Demand is Made:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**4. Party on whom the Demand is Made:** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable) \_\_\_\_\_

Representative's Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_