



South Dakota Mediation

REQUEST FOR MEDIATION

For Office Use Only

Case Number: _____
Check Number: _____
Date Received: _____

SEND THIS FORM AND A \$200.00 FILING FEE TO:

SD DEPARTMENT OF AGRICULTURE
DIRECTOR - AG MEDIATION PROGRAM
523 E CAPITOL AVE, FOSS BLDG
PIERRE, SD 57501-3182

Federal Lands Oil and Gas

Date: _____

***Requesting Party:** _____ Primary Phone: _____
Address: _____ Secondary Phone: _____
City/State/Zip Code: _____

The requesting party is the: land owner leasee other _____

The above named party requests mediation with the following:

***Non-requesting party:** _____ Primary Phone: _____
Contact Person: _____ Secondary Phone: _____
Address: _____
City/State/Zip Code: _____

*If additional room is needed for listing parties, please use additional page (attached) and Check Here:

Real Estate - Include County/Legal Description/Driving Directions from nearest town:

Please indicate the nature of the conflict and explain:

damages surface agreement enforcement of agreement

other _____

*If the property involves a third party whom you are not requesting mediation with, please supply the following:

Name: _____ Primary Phone: _____
Address: _____
City/State/Zip Code: _____

How affected: _____

By checking this box, I agree that this mediation request may affect S.D. School and Public Lands and have sent a copy of this request to them.

SIGNATURE OF REQUESTING PARTY: _____ **TITLE:** _____

South Dakota Mediation

***Non-requesting party:** _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip +4: _____

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