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 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 __________