

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF MASON**

_____ ,)	
Plaintiff(s)/Petitioner,)	NO.
)	
vs.)	REQUEST FOR TRIAL DE NOVO
)	
_____ ,)	
Defendant(s)/Respondent.)	
_____)	

TO: The Clerk of Court and all Parties

Please take notice that _____ (name of aggrieved party) requests a trial de novo from the award filed _____ (date).

DATED _____

AGGRIEVED PARTY'S SIGNATURE (PLAINTIFF/DEFENDANT)

ADDRESS

TELEPHONE

*Original to Mason County Superior Clerk's Office, P.O. Box 340, Shelton, WA 98584,
with copies to each party. (360) 427-9670 extension 346*