



FORM 19  
[Section 21]

**APPLICATION FOR PRE-HEARING PRODUCTION OF PARTICULARS OR DOCUMENTS OR THINGS**

APPLICATION FOR ORDER PURSUANT TO SECTION 6-111  
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. \_\_\_\_\_  
*name of applicant*

of \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone* \_\_\_\_\_ *alternate phone number* \_\_\_\_\_ *email address*

applies to the Labour Relations Board for an order with regard to LRB File No. \_\_\_\_\_.

2. The name and address of the respondent concerned are as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone* \_\_\_\_\_ *alternate phone number* \_\_\_\_\_ *email address*

3. The order requested by the applicant is as follows:

*(If necessary, provide additional details as an attachment.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The reasons why the applicant submits that the order ought to be granted are as follows:

(If necessary, provide additional details as an attachment.)

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I, the undersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters of fact, true and complete to the best of my knowledge and, in so far as they are matters of opinion, are reasonably and honestly believed by me.

SWORN (OR AFFIRMED) BEFORE ME

at \_\_\_\_\_, Saskatchewan,  
this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Commissioner for Oaths for Saskatchewan

My Commission Expires: \_\_\_\_\_

} \_\_\_\_\_  
*signature*

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If the applicant is not an individual, indicate the name, address and contact information of the individual swearing or affirming the document.

Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

If the applicant is represented by legal counsel, also indicate the name and address for service of the applicant's lawyer.

Lawyer: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_