



Saskatchewan

Labour Relations Board

www.sasklabourrelationsboard.com

FORM 25
[Section 27]

OBJECTION TO CONDUCT OF VOTE OR COUNTING OF BALLOTS

IN THE MATTER OF THE VOTE CONDUCTED PURSUANT TO THE ORDER OF THE LABOUR RELATIONS BOARD ON THE _____ DAY OF _____, 20 ____

1. _____
name of applicant

of _____
no. street city/town province postal code

_____ *telephone* _____ *alternate phone number* _____ *email address*

states its objections to the vote in LRB File No. _____ for the reasons set out in paragraph 3.

2. The name and address of the respondent concerned, and, if the respondent is an employer, the general nature of its business, are as follows:

Name: _____ Nature of Business: _____

Address: _____
no. street city/town province postal code

_____ *telephone* _____ *alternate phone number* _____ *email address*

3. The reasons that the objecting _____
(union, employer or person)

objects to the conduct of the vote or the results from the counting of ballots are:

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

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: _____