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|  | **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*.)

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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 | | | |  | *signature* |
| at , Saskatchewan, | | | |
| this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | |
| 20 . | | | |
|  | | | |
| Notary Public or Commissioner for Oaths for Saskatchewan | | | |
| My Commission Expires: | | | |
|  | | | |  |  |
| 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: |  | | | |