THE PARKMERCED RESIDENTS' ORGANIZATION

Conflict Resolution

Name Member YES ☐ NO ☐

Address

San Francisco CA 94132-

Phone (415) email

How long have you lived in Parkmerced?

What happened? **(use the back if necessary)**

What resolution do you seek?

Who did you contact?

Did the landlord's agent attempt any coercion or intimidation?

Do you give permission to PRO to act in your behalf? YES ☐ NO ☐

_____DATE_____/_____/____

Signature authorizing PRO to act on your behalf

The information you provide PRO is confidential and personal and will only be used by PRO to contact you to keep you advised of developments.