

Ombudsman Request Form

**Western Wisconsin REALTORS® Association**

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**Party 1:**

1. I am an WWRA:  Member  Non-Member
2. Name: \_\_\_\_\_
3. Firm: \_\_\_\_\_
4. Address: \_\_\_\_\_  
(street) (city) (state) (zip)
5. Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
6. Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Party 2:**

1. I am an WWRA:  Member  Non-Member
2. Name: \_\_\_\_\_
3. Firm: \_\_\_\_\_
4. Address: \_\_\_\_\_  
(street) (city) (state) (zip)
5. Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
6. Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the conflict/situation and attach any additional documentation: