



PUBLIC EMPLOYMENT RELATIONS COMMISSION
 112 Henry Street NE, Suite 300, Olympia WA 98506
 PO Box 40919, Olympia WA 98504-0919
 Phone: 360.570.7300 | Fax: 360.570.7334
 Email: filing@perc.wa.gov | Web: www.perc.wa.gov

REPRESENTATION PETITION

Amended Petition in Case # _____

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

PARTIES Include information for all parties involved.

EMPLOYER Cowlitz 911
 Contact Phil Jurmu
 Address 312 SW 1st Ave
 City, State, ZIP Kelso, WA 98626
 Telephone 360-577-3078 Ext. _____
 Email jurmup@co.cowlitz.wa.us

PETITIONER Cowlitz County Emergency Services Assn.
 Contact Daryl S. Garrettson
 Address P.O. Box 8
 City, State, ZIP Lafayette, OR 97127
 Telephone 503-803-4325 Ext. _____
 Email daryl@onlinenw.com

CURRENT BARGAINING REPRESENTATIVE
 (If one exists) None
 Contact _____
 Address _____
 City, State, ZIP _____
 Telephone _____ Ext. _____
 Email _____

TYPE OF REQUEST Select One. The petitioner requests:

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Description of Bargaining Unit: Indicate inclusions / exclusions
 All 911 Dispatchers employed by Cowlitz 911 excluding supervisors and confidential employees

Department or Division _____
Number of Employees in Unit 18
Collective Bargaining Agreement
 If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.
Contract Expiration Date: _____ N/A

OTHER RELEVANT FACTS

Additional information relating to the proposed bargaining unit is attached.

SHOWING OF INTEREST

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit. The showing of interest cards are confidential and are ONLY filed with PERC.

AUTHORIZED SIGNATURE FOR PETITIONER

Print Name Daryl S. Garrettson Telephone 503-803-4325 Ext. _____
Title Attorney for CCESA Email daryl@onlinenw.com
Address P.O. Box 8
City, State, ZIP Lafayette, OR 97127 Signature _____ Date 1/12/2019

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON

Cowlitz County Emergency Services
Association

Petitioner/Complainant/Filing Party

v.

Cowlitz 911

Respondent/Responding Party

Case Number
(if assigned)

CERTIFICATE OF SERVICE

I certify that I served a copy of this (title of document) Representation Petition
on all parties or their counsel of record on (date) 1/12/2019

To:	Name	Phil Jurmu Director	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	Cowlitz 911	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	312 SW 1st Ave	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Kelso, WA 98626		
	Email	jurmup@co.cowlitz.wa.us		
	Fax			
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 1/12/2019

Print Name Daryl S. Garrettson
Signature 



From: [Daryl Garrettson](#)
To: [Phil Jurmu](#)
Cc: [PERC, Filing \(PERC\)](#); [Julie Harris](#); ["Josh Evald"](#)
Subject: Cowlitz County Emergency Services Association/Cowlitz 911/Petition for Representation
Date: Saturday, January 12, 2019 10:43:30 AM
Attachments: CCESA Rep Petition_01-12-2019-102724.pdf

Dear Mr. Jurmu:

Attached please find the Petition for Representation filed by the Cowlitz County Emergency Services Association.

Sincerely

Daryl S. Garrettson

Attorney for CCESA