



REPRESENTATION PETITION

Is this an amended petition? Yes No If yes, enter the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER Othello Police Department

Contact Shawn R. Logan

Title Mayor

Address 500 East Main

City, State, ZIP Othello, WA 99344

Telephone 509.488.5686 Ext. _____

Email slogan@othellowa.gov

PETITIONER Teamsters Local 760

Contact David Simmons

Title Business Representative

Address 1211 W Lincoln Ave

City, State, ZIP Yakima WA 98902

Telephone 509.452.7194 Ext. _____

Email david@teamsters760.org

CURRENT BARGAINING REPRESENTATIVE

If one exists Fraternal Order of Police Tri-Cities #7

Contact Rick Marquette

Title Lodge Secretary

Address 6715 W Bonnie

City, State, ZIP Kennewick WA 99336

Telephone 509.460.9911 Ext. _____

Email rc-marquette@hotmail.com

TYPE OF REQUEST Select ONE of the following.

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- 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.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Department or Division Police Officers

Number of Employees in Bargaining Unit 10

Describe the existing or proposed bargaining unit:
Police officers and detectives

Collective Bargaining Agreement (CBA):

If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

CBA Expiration Date 12.31.19

SHOWING OF INTEREST The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

AUTHORIZED CONTACT FOR PETITIONER

Name David Simmons Title Business Representative

Address 1211 W Lincoln Ave City, State, ZIP Yakima WA 98902

Telephone 509.452.7194 Ext. _____ Email david@teamsters760.org

Signature *DS Simmons* Date 10.18.19

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

Teamsters Local 760

Petitioner/Complainant/Filing Party

v.

Othello Police Department

Respondent/Responding Party

Case Number

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)* 10.18.2019

To:	Name	Mayor Shawn R Logan		
	Organization	Othello Police Department	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	500 East Main	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Othello WA 99344	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	slogan@othellowa.gov		
	Fax			
To:	Name	Rick Marquette		
	Organization	FOP Tri-Cities Lodge #7	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	6715 W Bonnie	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Kennewick WA 99336	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	rc-marquette@hotmail.com		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	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 10.18.19

Print Name David Simmons

Signature D Simmons by AP



From: [Andrea Perez](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [David Simmons](#)
Subject: Representation Petition, Certificate of Service for Othello Police Department 10.18.19.pdf
Date: Friday, October 18, 2019 9:06:07 AM
Attachments: Representation Petition, Certificate of Service for Othello Police Department 10.18.19.pdf

Attached please find the Representation Petition, Certificate of Service, interest cards and copy of most recent CBA expiration date of 12.31.19.

Please direct any questions to David Simmons at 509.452.7194 or david@teamsters760.org

Thank you,
Andrea Perez
Office Manager
Teamsters Local Union 760
Ph: (509)452-7194
F: (509)452-7354

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