



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER City of Lynden
 Contact John Williams
 Title City Administrator
 Address 300 4th St
 City, State, ZIP Lynden, WA 98264
 Telephone 360-255-7109 Ext. _____
 Email WilliamsJ@lyndenwa.org

PETITIONER FOP Matt Herzog Lodge #24
 Contact Leo Painton
 Title Labor Specialist
 Address PO Box 533
 City, State, ZIP Camas, WA 98607
 Telephone 503-720-3621 Ext. _____
 Email lpainton@fop.net

CURRENT BARGAINING REPRESENTATIVE

If one exists General Teamsters Local Union 231
 Contact Daron Smith
 Title Business Representative
 Address 1700 N State St
 City, State, ZIP Bellingham, WA 98225
 Telephone 360-734-7780 Ext. _____
 Email daron@231teamsters.org

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 Lynden Police Department

Number of Employees in Bargaining Unit 5

Describe the existing or proposed bargaining unit:

Records/Communication Specialists
 Code Enforcement Officer
 Police Support Services Manager
 Fire Support Services Manager

Collective Bargaining Agreement (CBA):

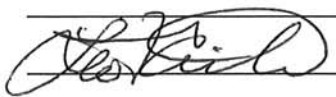
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

CBA Expiration Date 12/31/2021

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 Leo Painton Title Labor Specialist
 Address Same as Above City, State, ZIP _____
 Telephone _____ Ext. _____ Email lpainton@fop.net
 Signature  Date 10-26-2021

From: [Holly Vega](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Change of Representation Petition - Lynden Public Safety Support Staff
Date: Wednesday, October 27, 2021 2:01:47 PM
Attachments: Change of Representation Petition.pdf
PSS-CBA-2018-2021-SIGNED.pdf
Showing of Interest Cards.pdf

External Email

Please find the attached Change of Representative Petition, current bargaining agreement and showing of interest cards. Please let me know if you need anything further at this time.

Thank you,

Holly Vega
Support Services Manager
Lynden Police Department
203 19th Street
Lynden, WA 98264
360-354-2828