



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: \_\_\_\_\_

**PARTIES** Include information for all parties involved.

**EMPLOYER** City of Tacoma  
**Contact** Dylan Carlson  
**Title** Labor Relations Division Manager  
**Address** 747 Market St., TMB - 1520  
**City, State, ZIP** Tacoma, WA 98402  
**Phone** 253-306-0765 **Ext.** \_\_\_\_\_  
**Email** dcarlson2@cityoftacoma.org

**PETITIONER** IBEW Local 483  
**Contact** Byron Allen  
**Title** Business Manager  
**Address** 3525 S. Alder St.  
**City, State, ZIP** Tacoma, WA 98409  
**Phone** 253-565-3232 **Ext.** \_\_\_\_\_  
**Email** byron@ibew483.org

**CURRENT BARGAINING REPRESENTATIVE**

**(If One Exists)** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
**Email** \_\_\_\_\_

**TYPE OF REQUEST** Select ONE of the following.

- ☐ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☒ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

**BARGAINING UNIT**

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

**SECTION 1—Describe the Existing Bargaining Unit:**

The Supervisors' Bargaining Unit is compiled of different types of supervisors throughout the City of Tacoma.

**Number of Employees in Existing Unit** 13

**SECTION 2—Describe the Proposed Bargaining Unit:**

They are park supervisors that supervise 4 parks within the City of Tacoma.

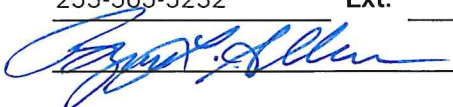
**Number of Employees in Proposed Unit** 8

**If a CBA exists, what is the expiration date?** 12-31-2023

**SHOWING OF INTEREST**

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

**PETITIONER REPRESENTATIVE**

**Name** Byron Allen  
**Address** 3525 S. Alder Street  
**Phone** 253-565-3232 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** Business Manager  
**City, State, ZIP** Tacoma, WA 98409  
**Email** byron@ibew483.org  
**Date** 06/09/23

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

IBEW Local 483

Petitioner/Complainant/Filing Party

v.

City of Tacoma

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*) 06/09/23

To:	Name			
	Organization	PERC	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	PO Box 40919	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	filing@perc.wa.gov		
	Fax			
To:	Name	Dylan Carson		
	Organization	City of Tacoma	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	747 Marker St., TMB - 1520	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Tacoma, WA 98402	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	dcarlson2@cityoftacoma.org		
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	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 6/9/23

Print Name Bianne D. Cornelison

Signature Bianne D. Cornelison



**From:** [Rianne Cornelison](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Cc:** [Byron Allen](#); [Rose Mitchell](#)  
**Subject:** Representation Petition - City of Tacoma, Park Supervisors  
**Date:** Friday, June 9, 2023 2:39:17 PM  
**Attachments:** Representation Petition.pdf  
Auth. for Representation Cards.pdf  
2022-2025 Supervisors Bargaining Unit Entire Current Agreement.pdf  
Certificate of Service.pdf

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External Email

Hello,

Please find attached the required documentation for our Representation Position. Please let us know if you have any questions.

Sincerely,

*Rianne Cornelison, Office Manager  
IBEW Local 483  
3525 South Alder Street  
Tacoma, WA 98409*

*253-565-3232 Phone  
253-565-3436 Fax*





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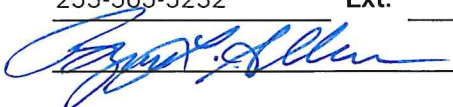
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**PETITIONER REPRESENTATIVE**

**Name** Byron Allen  
**Address** 3525 S. Alder Street  
**Phone** 253-565-3232 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** Business Manager  
**City, State, ZIP** Tacoma, WA 98409  
**Email** byron@ibew483.org  
**Date** 06/09/23

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Date signed and submitted 6/9/23

Print Name Bianne D. Cornelison

Signature Bianne D. Cornelison



**From:** [Rianne Cornelison](#)  
**To:** [Carlson, Dylan \(Legal\)](#)  
**Cc:** [PERC, Filing \(PERC\)](#); [Byron Allen](#); [Rose Mitchell](#)  
**Subject:** Representation Petition - City of Tacoma, Park Supervisors  
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Sincerely,

*Rianne Cornelison, Office Manager  
IBEW Local 483  
3525 South Alder Street  
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