



**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS
PETITION FOR CERTIFICATION
BY WRITTEN MAJORITY AUTHORIZATION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

The petitioner hereby requests that the Division proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5 as amended by Chapter 120 of Acts of 2007.

1. Name of Employer Town of West Tisbury, Massachusetts		2. Representative to contact Jennifer Rand, Town Administrator		3. Telephone Number (508) 696-0102	
4. Address (street and no., city/town, state, and ZIP code) 1059 State Road, PO Box 278, 1st Floor, West Tisbury, MA 02575 townadmin@westtisbury-ma.gov				5. Fax Number (508) 696-0103	
6. Full description of the bargaining unit including job titles (attached additional sheets if necessary) Included All full-time Lieutenants, Sergeants, and Patrol officers employed by the West Tisbury Police Department. Excluded All managerial, confidential, casual, and all other employees of the Town.				7. No. of employees in Unit 9	
				8. Does the proposed bargaining unit comply with the provisions of M.G.L. 150E. §3 and 456 CMR 14.07? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Does the petitioner certify that no other employee organization has been and currently is lawfully recognized as the exclusive representative of the employees in the appropriate bargaining unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
10. Has the employee organization received a written majority authorization, as described in 456 CMR 11.09 and 11.10, from a majority of the employees in the proposed appropriate bargaining unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
11. Name of Petitioner New England Police Benevolent Association (NEPBA)		12. Representative to contact Thomas Horgan, Esq. tom@mhanleylaw.com		13. Telephone Number 617-770-2929	
14. Address (street and no., city/town, state, and ZIP code) Hanley Law Office, 308 Victory Rd. Floor 3, Quincy, MA 02171				15. Fax Number 617-587-1249	
*** Questions 16 and 17 relate only to Petitions filed pursuant to M.G.L. c.150E ***					
16. Has the Petitioner complied with the filing requirements of M.G.L. 150E §§ 13 and 14? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				17. Last Date of Filing	

DECLARATION

I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print or type) Anthony L Archinski, tarchinski@nepba.org	Signature 	Title (if any) Director of Administration
Address (street and no., city/town, state, and ZIP code) NEPBA 7 Technology Drive, Unit 200, North Chelmsford, MA 01863		Telephone Number 978-453-2500

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition on the following representative(s) of the opposing party.

Employer

Name Jennifer Rand, Town Administrator	Address (street and no., city/town, state, and ZIP code) 1059 State Road, PO Box 278, 1st Floor, West Tisbury, MA	Telephone Number (508) 696-0102
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Method of Service In hand First Class Mail Other (specify): Certified mail

Signature of Person making Certification 	Telephone Number 978-453-2500
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