



AUTHORIZATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____

Employer: _____

Facility: _____

Position: _____

I authorize Law Enforcement Labor Services, Inc to represent me in all matters relating to wages, hours and working conditions in accordance with the Public Employment Labor Relations Act of 1971, as amended.

Signature: _____

(Signature is required – Typing name is not a signature)

Date: _____

Please return signed form to LELS:

Law Enforcement Labor Services
2700 Freeway Boulevard, Suite 700
Brooklyn Center, MN 55430

Or Email: <mailto:cdeans@lels.org>