



MANITOWOC PROFESSIONAL FIREFIGHTERS  
International Association of Firefighters  
Local 368 AFL-CIO, CLC  
P.O. Box 368, Manitowoc, WI 54221-0368

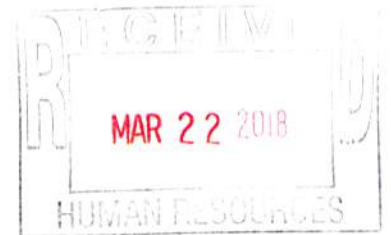
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Dear Ms Lillibridge:

I write in my capacity as president of Manitowoc Professional Firefighters, Local 368 to notify the City of our intent to enter into negotiations for the purpose of creating a collective bargaining agreement to succeed our current agreement as it is due to expire on Dec 31, 2018. Please advise me of a date and time to commence negotiations. Thank you for your attention to this request.

Very Truly Yours,

Jacob P Johnsrud



**State of Wisconsin**  
**Employment Relations Commission**  
 4868 High Crossing Blvd., Madison, WI 53704-7403  
 Phone: 608-243-2424 Fax: 608-243-2433  
 Email: werc@werc.state.wi.us

**NOTICE OF COMMENCEMENT OF CONTRACT NEGOTIATIONS**  
 (Pursuant to §§ 111.70(4)(cm)1 or (4)(cg)5 of MERA)

Complete and submit this form and, at the same time, serve a copy on the other party. The Wisconsin Employment Relations Commission's receipt of this notice does not constitute a request for mediation. Please attach a copy of any voluntary impasse procedure.

You are hereby notified that the party filing this Notice summoned the other party involved in writing regarding our intent to:

- Commence negotiations leading to a successor collective bargaining agreement.  
 Commence negotiations leading to an initial collective bargaining agreement.

**All Information is Required**

<b>Name of Employer</b>		<b>Name of Labor Organization</b>	
City of Manitowoc		Firefighters Local 368	
<b>Street Address, City, State, Zip Code</b>		<b>Street Address, City, State, Zip Code</b>	
900 Quay Street, Manitowoc, WI, 54220		PO Box 0368, Manitowoc, WI, 54221-0368	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>
(920)686-6993	jcllilbridge@manitowoc.org	(920)629-3439	wisconsinjake@gmail.com
<b>Name of Representative</b>		<b>Name of Representative</b>	
Jessie Lillibridge		Jacob P Johnsrud	
<b>Street Address, City, State, Zip Code (if different)</b>		<b>Street Address, City, State, Zip Code (if different)</b>	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>

**General description of position(s) included in the collective bargaining unit.**

Captains, Lieutenants, Motor Pump Operators, Firefighters


<b>Approximate number of employees in unit</b>	<b>Effective date of existing contract (if any)</b>	<b>Termination date of existing contract (if any)</b>
51	01/01/2015	12/31/2018
<b>Date reflected in contract, if any, on which notice of open negotiations must be served.</b>		06/30/2018

**Select applicable statement:**

- The parties have agreed to a voluntary impasse procedure  
 The parties have not agreed to a voluntary impasse procedure

**Party filing this notice (select one):**

- Municipal Employer  
 Labor Organization

<b>Signature</b>	<b>Title</b>	<b>Date</b>
	Local 368 Bargaining Chairperson	3/19/2018