



United States Government
 NATIONAL LABOR RELATIONS BOARD
 Region 3
 Niagara Center Building, Suite 630
 130 S. Elmwood Avenue
 Buffalo, New York 14202-2387
 Telephone: (716) 551-4931 Facsimile (716) 551-4972
 Web Site Address: <http://www.nlrb.gov>

November 3, 2009

Scott A. Brooks, Esq.
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 The Cadillac Tower
 65 Cadillac Square – Suite 3727
 Detroit, MI 48226

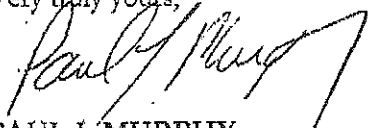
RE: FREEDOM OF INFORMATION REQUEST

Dear Mr. Brooks:

Pursuant to your recent request on November 3, 2009, enclosed please find a copy of the petition for Case 3-RD-1572. Please note that a Stipulated Election Agreement has been approved and an election is scheduled for November 18, 2009.

There will be no charge for this request.

Very truly yours,


 PAUL J. MURPHY
 Assistant to the Regional Director

enc.

PJM/tms

INTERNET
FORM NLRB-302
(2-08)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE

Case No. 3-RD-1572
Date Filed 10/19/09

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. **PURPOSE OF THIS PETITION** (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.

RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.

RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.

UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.

UC-UNITY CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No. _____

AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____
Attach statement describing the specific amendment sought.

2. Name of Employer: **The Wackerhut Corporation** Employer Representative to contact: **Chris Hook** Tel. No. **585-771-3350**

3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): **1503 Lake Road, Ontario, New York 14518** Fax No. **585-771-3908**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Generating Facility** 4b. Identify principal product or service: **Electricity** Cell No. **585-269-9440**

5. Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification): **Included Security Personnel** 6a. Number of Employees in Unit: **101**

6b. Is this petition supported by 30% or more of the employees in the unit? Yes No (Not applicable in RM, UC, and AC)

7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of Recognized or Certified Bargaining Agent (If none, so state): **International Union, United Government Security Officers of America (UGSOA)** Affiliation: **Amalgamated Local #27**

Address: **8628 Wolf Court, Suite 210, Westminster, CO 80031** Tel. No. **800-572-8103** Date of Recognition or Certification: **1/28/2007**

Cell No. **303-650-8510** Fax No. **303-650-8510** e-Mail: **www.ugsoa.com**

9. Expiration Date of Current Contract, if any (Month, Day, Year): **12/31/2009** 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____

12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)

Name	Address	Tel. No.	Fax No.

13. Full name of party filing petition (if labor organization, give full name, including local name and number): **Alan C. Davidson**

14a. Address (street and number, city, state, and ZIP code): **7858 Ridge Road, Sodus, New York 14551** 14b. Tel. No. EXT: **315-483-9422** 14c. Fax No.

14d. Cell No.: **315-345-8678** 14e. e-Mail: **ac2_c@yahoo.com**

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filed in which petition is filed by a labor organization)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print): **Alan Davidson** Signature: *Alan C. Davidson* Date: **10/17/2009** Title (if any)

Address (street and number, city, state, and ZIP code): **7858 Ridge Road, Sodus, New York 14551** Tel. No. **315-483-9422** Fax No.

Cell No. **315-345-8678** e-Mail: **ac2_c@yahoo.com**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 48, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.