

EROI

**Employer's Request for Photocopy
of Relevant Records in File(s)**

ATTENTION: CLIENT SERVICE REPRESENTATIVE

Workers' Compensation Board Claim number(s) _____

Injured Worker's Name _____

Date of Decision Being Appealed _____

I request photocopies of the above file(s) on the above claim(s) in which the disputable issue is:

I understand the Board must notify the worker of this request and consider any objections he has to it.

I confirm that I am the employer or have been duly authorized to represent him as per attached authorization.

In accordance with the provisions of Section 171.2(1) of The Workers' Compensation Act, 1979, I will not use any information contained in the said file(s) publicly or for any purpose other than of pursuing the disputable issue with the Workers' Compensation Board.

Dated this _____ day of _____, 200_____

Name: (*Please print*) _____

Signed _____

Position/Title _____