



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

ATTENTION: CASE MANAGEMENT REPRESENTATIVE

Workers' Compensation Board Claim Number(s): _____

Injured Worker's Name: _____

Date of Decision BeingAppealed: _____

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 174(1), (2), and (3) of *The Workers' Compensation Board Act, 2013*, 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.

Your request for a copy of the file is NOT a request for an appeal.

Dated this _____ day of _____, 20 ____ .

Name: _____
(Please print)

Signed: _____ Please sign form before mailing/faxing.

Position>Title: _____