



**Employer's Representative's
Request for Photocopy of 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 confirm that I have been duly authorized to do so and to represent _____
_____, as per attached authorization.

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

In accordance with the provisions of Section 174(1) of The Workers' Compensation 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.

Dated this _____ day of _____, 20__0__

Signed _____

Position/Title _____

Address _____