



**Appeals  
Commission**

for Alberta Workers' Compensation

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## Request for Transcript

Name of Applicant (or Representative)	Phone No. (       )
Mailing Address	
Street Address	City
Province	Postal Code

Name of Appellant	Claim No.
Name of Respondent	Hearing Date

Name of Transcription Company	Phone No. (       )
Contact Person	Fax No. (       )
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Additional Comments
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Applicant's Signature	Date
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