

NOTICE OF REPRESENTATION FORM

REPRESENTATION				
<input type="checkbox"/> I have a representative.	<input type="checkbox"/> I plan to get a representative.	<input type="checkbox"/> I will represent myself.		
<p>If you have a representative or plan to get one you must file a notice of representation by completing the information below or sending that information, in writing, to the Appeals Commission in a separate document.</p> <p>I appoint and authorize _____ as my representative to act on my behalf in the appeal described below whose contact information follows:</p>				
Name of Representative	Last Name	Given Name(s)		
Company Name				
Address	Street	Apartment, Suite or Unit Number		
	City/Town	Province	Postal Code	
Telephone:	Work ()	Cell Phone ()	Fax ()	Messages Only ()

The Workers' Compensation review body decision or decisions or WCB determination I am appealing and to which this notice of representation applies are:

Claim/account # _____	Date of decision _____
Claim/account # _____	Date of decision _____
Claim/account # _____	Date of decision _____

<i>Signature of person who is appointing the representative</i>	<i>Date</i>
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PRINT NAME OF PERSON SIGNING: _____

(See other side)

Return this form to:

Mailing Address – Edmonton:

Appeals Commission for Alberta Workers'
Compensation
901, 10109 - 106 Street
Edmonton AB T5J 3L7

Fax # (780) 412-8701

Mailing Address – Calgary:

Appeals Commission for Alberta Worker's
Compensation
206, 1701 Centre Street North
Calgary AB T2E 7Y2

Fax # (403) 508-8822

Contact the Appeals Commission

For more information, contact the Appeals Commission for Workers' Compensation

- by calling our office in:
 - Edmonton (780) 412-8700
 - Calgary (403) 508-8800
- by picking up information from our office in Edmonton at:
901, 10109 – 106 Street
Edmonton, AB T5J 3L7
- by picking up information from our office in Calgary at:
206, 1701 Centre Street North
Calgary, AB T2E 7Y2
- through our website at www.appealscommission.ab.ca