

State of Illinois
Board of Review



Appearance (BOR)

Claimant ID.: _____

Dated: _____

Docket No.: _____

The undersigned enters their appearance on behalf of _____
(Name of Claimant / Employer)

(Check One) (Claimant Employer) in the above referenced Docket Number. Please mail a copy of the Board of Review decision to the (Check One) (Attorney Representative) at the address indicated:

Name: _____

Address: _____ Address 2: (Apt./Floor/Suite/Etc.) _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Ext: _____

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

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