Print

State of Illinois
Board of Review

Review File Request (BOR)

Dated: _____

Claimant ID/ SSN.:_____

BOR Docket No.: _____ (IF ISSUED)

In accordance with 56 Ill. Adm. Code 2720.320, I, _____
(Name)

(Check One) (☐ Claimant ☐ Employer), in the above referenced BOR Docket Number, hereby request to review my Board of Review File in the above referenced BOR Docket Number in connection with addressing the appeal in this matter. I understand that upon request and reasonable notice, either written or oral, my Board of Review File may be inspected during normal business hours at Office of the Board of Review at 33 South State Street, Chicago, Illinois and that a copy of my Board of Review File may be obtained at my own expense.

_____
(Signature) (Claimant / Employer)

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Board of Review
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