STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS
OFFICE OF WORKERS' COMPENSATION
4425 NORTH MARKET STREET
WILMINGTON, DELAWARE 19801

PHONE: (302) 761-8200
FAX: (302) 736-9170

REQUEST FOR COPY OF DOCUMENT

NAME OF REQUESTOR:_____ DATE:_____

BUSINESS OF REQUESTOR: _____

ADDRESS: _____

_____

TELEPHONE NUMBER:_____

PARTY REQUESTOR REPRESENTS: _____

DOCUMENT(S) BEING REQUESTED & REASON FOR THE REQUEST:

_____

_____

CLAIMANT'S NAME: _____

INDUSTRIAL ACCIDENT BOARD (CASE FILE) NUMBER:_____

SOCIAL SECURITY NUMBER:_____

DATE OF ACCIDENT:_____

SIGNATURE OF REQUESTOR: _____

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