

**REQUEST FOR PARTY STATUS**

Date: \_\_\_\_\_

Indiana Board of Safety Review  
Indiana Department of Labor  
402 West Washington Street, Room W195  
Indianapolis, IN 46204

Re: Commissioner of Labor v. \_\_\_\_\_  
Inspection No. \_\_\_\_\_

Dear Board of Safety Review:

On behalf of the affected employee, I wish to elect party status in the above referenced case. The \_\_\_\_\_ is the authorized representative of the employees.

I request that copies of all documents previously filed in this case, and those that are filed in the future, be sent to the following person, as we intend to participate in all aspects of the proceeding:

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name) \_\_\_\_\_ can also be contacted by telephone at:

( \_\_\_\_\_ ) \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_ or

( \_\_\_\_\_ ) \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_.

Sincerely yours,

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

cc: (Department of Labor Attorney)  
(Company Representative)