REQUEST FOR PHOTOCOPY OF FILE(S)

WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Claim Number(s): _____

_____

_____

I, _____, request a photocopy of my file(s), in accordance with the Workers' Compensation Act, be sent to:

[ ] Client

Address: _____

_____

Postal Code: _____

Telephone Number: _____

_____
Client Signature

[ ] Representative

Address: _____

_____

Postal Code: _____

Telephone Number: _____

_____
Date

This request is valid for twelve months from the date it is received at Workers' Compensation Board offices. Renewal will not be initiated by the Workers' Compensation Board.

Please return the completed form to:

Photocopy Clerk
Workers' Compensation Board of Nova Scotia
PO Box 1150
5668 South Street
Halifax, NS B3J 2Y2