STATE OF NEW YORK

		<i>,</i>
In 1	the Matter of the Petition of:	
[na	ame of company and/or individuals filing the petition] Petitioner(s),	<u>PETITION FOR REVIEW</u> OF AN ORDER OF THE COMMISSIONER OF LABOR
	Review Under Section 101 of the Labor Law: Order dated [date of order(s)]	
	- against -	
тн	E COMMISSIONER OF LABOR,	
	Respondent.	· : /
1. 2.	I am filing this Petition on behalf of: Self Everyon The name, mailing address, and phone number of each Pe	
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3.	The Business address of premises affected by the Order, i	f different from mailing address, is:
4.	My relationship to the Petitioner(s) is:	
5.	My name, mailing address, phone number, and fax numb	er (if any) where I may be reached is:
6.	A complete copy of the Order(s) that I am appealing is/a	re attached to this Petition.
7.	The Order(s) is/are invalid or unreasonable because: [List all of the reasons that you are challenging the Order(s),	including whether you are challenging the civil

penalties assessed. State all of the facts that show that the Order(s) is unreasonable and/or invalid. Attach an additional sheet, if necessary.]

3.	The Petitioner requests the following relief from the Industrial Board of Appeals: [Explain what you want the Industrial Board of Appeals to do.]

Date: _____ By:

[Signature of the Petitioner or the Petitioner's authorized representative]

[Print Name]