STATE OF NEW YORK
INDUSTRIAL BOARD OF APPEALS

| In the Matter of the Petition of: | : |
| :---: | :---: |
|  |  |
|  |  |
| [name of company and/or individuals filing the petition] | PETITION FOR REVIEW |
|  | OF AN ORDER OF THE |
| Petitioner(s), | COMMISSIONER OF LABOR |
|  |  |
| To Review Under Section 101 of the Labor Law: |  |
| An Order dated |  |
| [date of order(s)] |  |
|  |  |
| - against - |  |
|  |  |
| THE COMMISSIONER OF LABOR, |  |
|  |  |
| Respondent. |  |

1. I am filing this Petition on behalf of: $\square$ Self $\square$ Everyone named in Order $\square$ Other (please list)
$\qquad$
$\qquad$
2. The name, mailing address, and phone number of each Petitioner is:
$\qquad$
$\qquad$
$\qquad$
3. The Business address of premises affected by the Order, if different from mailing address, is:
$\qquad$
$\qquad$
4. My relationship to the Petitioner(s) is: $\qquad$
5. My name, mailing address, phone number, and fax number (if any) where I may be reached is:
$\qquad$
$\qquad$
6. A complete copy of the Order(s) that I am appealing is/are 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 $\operatorname{Order}(\mathrm{s})$ is unreasonable and/or invalid. Attach an additional sheet, if necessary.]
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$\qquad$
8. The Petitioner requests the following relief from the Industrial Board of Appeals: [Explain what you want the Industrial Board of Appeals to do.]
$\qquad$
$\qquad$
$\qquad$

Date: $\qquad$ $B y:$
[Signature of the Petitioner or the Petitioner's authorized representative]
[Print Name]

