



Industrial Board of Appeals

Additional Petitioners

Petitioner(s): The Board requires contact information for **each** petitioner (individuals and businesses) that are seeking review of the Commissioner of Labor's order/determination. Please use this sheet to identify each additional petitioner. Attach multiple sheets, if necessary.

Additional Petitioner 1

Name: _____
Address1: _____
Address 2: _____
City State Zip: _____
Phone Number: _____
Email (if any): _____

Additional Petitioner 2

Name: _____
Address1: _____
Address 2: _____
City State Zip: _____
Phone Number: _____
Email (if any): _____

Additional Petitioner 3

Name: _____
Address1: _____
Address 2: _____
City State Zip: _____
Phone Number: _____
Email (if any): _____

Additional Petitioner 4

Name: _____
Address1: _____
Address 2: _____
City State Zip: _____
Phone Number: _____
Email (if any): _____