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STATE OF RHODE ISLAND
Board of Review

For
The Department of Labor and Training
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LEGAL NOTICE OF REPRESENTATION

Attorney: _____ Bar #: _____

Law Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Email: _____



Representing: (Check one) Claimant Employer Department



Appeal #: _____

Claimant Name: _____

Employer Name: _____

Date: _____

Please return form immediately to: Board of Review
Email: DLT.BORINFO@DLT.RI.GOV
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