

**STATE OF ILLINOIS  
ILLINOIS LABOR RELATIONS BOARD**

and

Case No.

**NOTICE OF APPEARANCE**

THE UNDERSIGNED HEREBY ENTERS APPEARANCE, IN THE ABOVE-CAPTIONED MATTER,  
AS REPRESENTATIVE OF

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE  
(Please sign in ink)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
REPRESENTATIVE'S NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
DATE

**MAIL OR FAX TO:** Illinois Labor Relations Board  
160 North LaSalle Street, Suite S-400  
Chicago, Illinois 60601-3103  
Fax: (312) 793-6989