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
E-MAIL	FAX NUMBER
DATE	

MAIL OR FAX TO: Illinois Labor Relations Board
One Natural Resources Way, First Floor
Springfield, IL 62702-1270
Fax: (217) 785-4146