

**STATE OF ILLINOIS
ILLINOIS LABOR RELATIONS BOARD**

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| and |
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Case No.

NOTICE OF APPEARANCE

The undersigned hereby enters appearance, in the above-captioned matter, as representative of

Representative Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____

Signature _____ Date _____

This Notice of Appearance may be filed in either of the Board's offices or at ILRB.Filing@illinois.gov.
Facsimiles are no longer accepted.

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| Illinois Labor Relations Board 801 South 7 th Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155 | Illinois Labor Relations Board 160 North LaSalle Street, Suite S-400 Chicago, Illinois 60603-3103 (312) 793-6400 |
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