



## Letter of Representation

**Fill in each item if you are representing an employer or complainant in a Labor Standards matter.**

Date: \_\_\_\_\_

Case File ID or Order to Comply Number: \_\_\_\_\_

Client/Member Represented (check one): ☐ Employer ☐ Complainant/Claimant

Client/Member Name: \_\_\_\_\_

Client Business Name: \_\_\_\_\_

Subject of Client's Claim (e.g. minimum wage, overtime etc.):

\_\_\_\_\_

### Representative Information (all fields must be completed)

Name: \_\_\_\_\_

Organization/Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Choose One: ☐ Attorney ☐ Advocate ☐ Accountant ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Are you being compensated by the claimant? ☐ Yes ☐ No

**Client/Member Authorization:** I authorize the above named individual or organization to represent me in matters involving my complaint/claim. You have my permission to communicate or share information with my representative as necessary.

Client/Member Signature: \_\_\_\_\_