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AUTHORIZATION FOR FILE REVIEW

To Whom It May Concern:

I, _____, hereby request that WAYERSKI ZMOLEK INJURY LAW FIRM be furnished with a complete copy of my claim file(s) for their inspection and review. This authorization includes access to claim file(s) online. In addition, this is a protest and request for reconsideration of any orders which may be adverse to the claimant issued within the past 60 days.

CLIENT SIGNATURE

CLAIM NUMBER

DATE