STATE OF DELAWARE REQUEST FOR COPY OF DOCUMENT

Department of Labor
Office of Workers' Compensation (OWC)
4425 N. Market Street
Wilmington, DE 19802
Telephone: 302-761-8200
Fax: 302-736-9170

NAME OF REQUESTOR: _____ DATE: _____

BUSINESS OF REQUESTOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

PARTY REQUESTOR REPRESENTS: _____

CLAIMANT'S NAME: _____

INDUSTRIAL ACCIDENT BOARD (CASE FILE) NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF ACCIDENT: _____

☐ ALL DOCUMENTS ☐ OTHER (SPECIFY):

DELIVERY METHOD:

☐ VIA USPS
☐ PICK UP
☐ VIA EMAIL

I authorize the Office of Workers Compensation to send my request via email to: _____

SIGNATURE OF REQUESTOR: _____

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