

## Request for Disclosure

Complete and submit this form to receive information relating to a claim file, employer assessment decision or workplace health and safety decision/order or administrative penalty. For more information about requests for disclosure please contact the Information Management Unit at 867-667-5645.

### CONTACT INFORMATION

I am the:				
Worker	Worker's Representative*	Employer	Employer's Representative*	
Applicant Name			Organization Name (if applicable)	
Applicant Mailing Address				
City		Territory/Province		Postal Code
Applicant Email			Applicant Phone Number	

*\*If you are a worker's representative or employer's representative, an Authorization for Representation form from the worker or employer must accompany this request, if not previously submitted.*

### I am requesting DISCLOSURE of:

<b>CLAIM INFORMATION</b> <input type="checkbox"/> complete claim file* <input type="checkbox"/> update since last disclosure <input type="checkbox"/> <b>Employers</b> only: information relevant to an appeal	Worker Name	Worker Claim Number
<b>EMPLOYER ASSESSMENT DECISIONS</b> <input type="checkbox"/> relevant information relating to employer assessment decision	Employer Name	Customer Number
<b>WORKPLACE HEALTH AND SAFETY DECISIONS/ORDERS/ADMINISTRATIVE PENALTY</b> <input type="checkbox"/> relevant information relating to Workplace Health and Safety decision/order/administrative penalty	Parties named in decision/order	Document Identification Number
Additional details:		

*\*first copy free, additional copies for a fee*

## RECEIVING THE DISCLOSURE

Please choose from the following options:

- By mail to my contact address on this form
- By secure email to my contact email on this form
- By pickup at  
401 Strickland Street  
Whitehorse, YT  
Y1A 5N8

*You will need to show photo ID in order to pick up the disclosure at our offices.*

I authorize the following individual to pick up the disclosure on my behalf:

Name of Individual (please print)	Telephone number

## SIGNATURE

Applicant Signature	Date (dd/mm/yyyy)