



Mississippi Workers' Compensation Commission

1428 Lakeland Drive / Post Office Box 5300

Jackson, Mississippi 39296-5300

(601) 987-4252

<http://www.mwcc.state.ms.us>

Liles Williams, Chairman
John R. Junkin, Commissioner
Debra H. Gibbs, Commissioner

Phyllis Clark, Commission Secretary

_____ **REQUEST FOR COPIES**
_____ **REQUEST FOR FILE REVIEW**

DATE: _____ **TELEPHONE #** _____

RE: **MWCC FILE NO.** _____

EMPLOYEE: _____

EMPLOYER: _____

TO: _____
Name of Individual or Firm making request

Address

City State Zip

REPRESENTING: _____ **Claimant (Workers' Comp. Claim Only)**

_____ **Employer/Carrier (Workers' Comp. Claim Only)**

_____ **Other (for example: Civil Suit, Third Party, etc.)**

TO BE COMPLETED BY COMMISSION PERSONNEL

APPROVED FOR REVIEW/AND OR COPIES:

_____ **ENTIRE FILE**

_____ **CLAIM FILE EXCLUDING MEDICAL**

If copies are requested, there is a charge of \$.10 per page for parties of record with a minimum charge of \$5.00 which includes postage. A charge of \$.50 per page to non-parties.
(See Commission General Rule 15 as amended September 1, 1993.)

NUMBER OF COPIES REQUESTED: _____ **AT \$.** _____ **PER PAGE.**

TOTAL CHARGE: _____

This amount is due upon receipt of copies. MAKE CHECKS PAYABLE TO MISSISSIPPI WORKERS' COMPENSATION COMMISSION. TAX I. D. NO. 646000841