



**Notice of Right to Sue Request (BOR)**

Dated:

Claimant ID/SSN:

BOR Docket No.: (IF ISSUED)

In accordance with the provisions of 56 Ill. Adm. Code 2720.345, (*Check One*) (  Claimant  Employer, the Appellant in the above referenced BOR Docket Number, hereby requests the Board of Review issue a Notice of Right to Sue.

Signature (Claimant / Employer)

Signature (Attorney / Representative)  
For  
(Claimant / Employer)

**(Note: In accordance with 56 ILL. ADM. Code 2720.345(A), This request for notice of right to sue must be sent by certified mail, return receipt requested.)**

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