



**REQUEST TO INSPECT CLAIM FILE  
OR OBTAIN SCREENS**

Please specify:  Inspect file  Obtain copy of screen  
Specify which screen

**Note:** This blank must be completed and filed each time a file is requested for inspection or to obtain a screen(s)

Claim No. \_\_\_\_\_ Risk No. \_\_\_\_\_

Claimant \_\_\_\_\_ Employer \_\_\_\_\_

I, the undersigned, do hereby certify that I have been duly authorized to inspect the file in this matter by

\_\_\_\_\_  
(Full name of party authorizing inspection MUST BE STATED and whether claimant, employer, or representative, of either.)

At this time, I \_\_\_\_\_ employed by the party named above to represent them in this case.  
(am or am not)

If not employed as representative, state reasons for inspection \_\_\_\_\_

**Requested for inspection by**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Representative I.D. No.

\_\_\_\_\_  
City