

STATE OF ALABAMA
WORKERS' COMPENSATION DIVISION
INDUSTRIAL RELATIONS BUILDING
649 MONROE STREET
MONTGOMERY, ALABAMA 36131
PHONE - 800/528-5166
FAX - 334/353-8262

Date: _____

Dear Workers' Compensation Division
of the State of Alabama

I hereby authorize Inquiries, Inc., to obtain information regarding any prior claims for workers' compensation that I have made in the past seven (7) years.

I further authorize you to fax this information to Inquiries, Inc. at 866/887-3767.

DATE: _____

NAME OF APPLICANT