

CONSENT TO ELECTRONIC SERVICE, AND NOTICE OF ELECTRONIC SERVICE ADDRESS

Check appropriate box:	PARTIES:
☐ ATTORNEY	(Appellant) V.
☐ PARTY WITHOUT ATTORNEY	(Appointing Authority)
ATTORNEY/FIRM NAME:	CASE NUMBER:
STREET ADDRESS:	
CITY:	Received by CSB:
STATE: ZIP:	
TELEPHONE #:	
REPRESENTATIVE FOR:	
 The	
DATE: NAME:_	
SIGNATURE:	

This signature shall be deemed to be an original, unless a party shows that such representation

was unauthorized.