



CONSENT TO ELECTRONIC SERVICE, AND NOTICE OF ELECTRONIC SERVICE ADDRESS

<p><i>Check appropriate box:</i></p> <p><input type="checkbox"/> ATTORNEY</p> <p><input type="checkbox"/> PARTY WITHOUT ATTORNEY</p>	<p>PARTIES:</p> <p>_____ (Appellant)</p> <p style="text-align: center;">v.</p> <p>_____ (Appointing Authority)</p>
<p>ATTORNEY/FIRM NAME:</p>	<p>CASE NUMBER:</p> <p>_____</p> <p><i>Received by CSB:</i></p>
<p>STREET ADDRESS:</p>	
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Check one:

1. The Appellant Appointing Authority

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