Claim

U.S. Department of Labor
OWCP/DFELHWC-FECA
PO Box 8311
London, KY 40742-8311

Dear Sir or Madam:

In accordance with 5 U.S.C. 8127(a) and 20 C.F.R. §10.700, I am withdrawing all prior authorizations of representation for OWCP claim #_____. I am appointing _____ as my OWCP representative and authorizing them to act on behalf of and/or receive information related to my claim. Please take the necessary steps to have this authorization documented in the case file.

They are a Union official and does not charge a fee for their services.

Please forward a copy of all future correspondence to:

Mailing address : NALC
Attn: _____
_____
_____

Phone : _____

Email : _____

Thank you in advance for your attention to this matter.

Regards,

_____ _____
SIGNATURE DATE

Name_____

Address_____

Address_____

Email_____