

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

Injured Officer Name: _____
Date of Injury: _____

Application No:
Requested Dates of Reimbursement:

Applicant Agency: _____
Street Address: _____
City, State, Zip: _____
Preparer E-Mail: _____

I am requesting that the Idaho Industrial Commission reconsider the decision made in the Police Officer Disability Claim Status.

Specific Decision Being Contested:

Write here...

Reasons Decision Should be Changed:

I am disputing the denial of the above claim because...

Preparer Signature: _____
Preparer Name Print: _____
Preparer Position: _____
Date Signed: _____

Submit this application to:

E-MAIL (PREFERRED)	PHONE #	MAILING ADDRESS
TDF@iic.idaho.gov	208.334.6083 208.334.6026	ATTN: Fiscal Idaho Industrial Commission PO BOX 83720 Boise, ID 83720-0041