



# Office of Congressional Workplace Rights

## LABOR MANAGEMENT – NOTICE OF DESIGNATION OF REPRESENTATIVE FORM

	<i>Petitioner</i>
and	
	<i>Respondent</i>

CASE NO.

<b>Section 1 – Party</b>	
<b>Section 2 – Representative Information</b>	
<b>Name:</b>	<b>Tel. #:</b>
<b>Title:</b>	<b>Cell #:</b>
<b>Address:</b>	<b>E-mail:</b>
<b>City:</b> <b>State:</b> <b>ZIP:</b>	

The person named above represents the party named in Section 1 in this case. Please serve this representative with all written communications, except for subpoenas. This designation remains effective until it is revoked or a new designation is filed. Please e-mail completed forms to [LMR@ocwr.gov](mailto:LMR@ocwr.gov); mail or drop form off in Room LA-200, John Adams Building, 110 Second Street SE, Washington, DC 20540-1999; or fax to (202) 426-1913.

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*Name (please print or type)*

\_\_\_\_\_  
*Signature*