



# Oregon Employment Department Employment Appeals Board Written Argument

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 www.oregon.gov/EMPLOY/EAB/

Name:		Address:	
City:	State:	Zip:	Email Address:

Case Number: \_\_\_\_\_

### Written Argument:


Signature:	Date:
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I certify that on (Date Mailed): \_\_\_\_\_ I :  Mailed by First Class  Hand Delivered  Faxed  
 ...a copy of this document to the opposing party, addressed as follows:

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