Oregon Employment Department
Employment Appeals Board
Written Argument

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

Case Number: _____

Written Argument:

Signature:	Date:

I declare that on (Date):_____ I ☐ Emailed ☐ Mailed ☐ Hand Delivered ☐ Faxed ...a copy of this document to the opposing party, addressed as follows:

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