

BIRNBERG & ASSOCIATES

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VIA FIRST CLASS U.S. MAIL

Pacific Maritime Association
500 – 12th Street, Suite 310
Oakland, CA 94607

Re:

Registration No.
Social Security No. _____

To Whom It May Concern:

Please be advised that this office hereby requests the following documents:

- Weekly earnings from _____ to present.
- Hours by Occupation Category for the same years.
- Summed Employee Daily Work Record, by date, company number, and occupation code from _____ to the present.
- Injury history report.

The client's authorization is indicated herein. Also enclosed herewith is a check in the sum of \$_____ for the above-mentioned records.

Sincerely yours,
BIRNBERG & ASSOCIATES

Cory A. Birnberg

Employee's Authorization