ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (party filing petition for review)	
VS.	
	AWCAC Appeal No
Respondent(s). (all other parties to petition)	AWCB Cose No.
	AWCB Case No
SELF-REPRESENTED LITIGANT'S I	
I,, am	
that the Commission reconsider its	
for these reasons:	
	(Attach more pages if needed.)
The person filing this doc	cument MUST sign below.
-	
Signature	Date
Mallan	Address
Mailing A	Address
	ate, Zip
Telephone Number	Fax Number and/or E-mail
·	·
I certify that on (date) this Motion for	Reconsideration was mailed, faxed, emailed, or
☐ hand delivered to the Alaska Workers' Compensation Appethis document was ☐ mailed, ☐ faxed, ☐ emailed, or ☐ h	eals Commission, and on the same date a complete copy of
below. (Attach more pages if needed.)	land delivered to the parties checked at the addresses listed
	Opposing party <u>or</u> party's attorney (if represented):
•	