

STATE OF CONNECTICUT
DEPARTMENT OF LABOR
200 FOLLY BROOK BOULEVARD, WETHERSFIELD, CT 06109-1114

POWER OF ATTORNEY

Know All Persons by These Presents That _____ having its principal
(Client)
Office at _____ does hereby appoint _____ to
(Place of Business) (Representative)
represent the said company in unemployment tax and claim related matters before the:

Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109

Until further notice.

In Witness Whereof I have hereunto signed my name and said company has caused this instrument to be
attested by the signature of its duly qualified officer this _____ day of _____ , _____ .
(Day) (Month) (Year)

This authorization cancels and supersedes all prior authorizations.

By:
Title:
Employer registration number:
Federal ID number:

Dated this _____ day of _____ , _____ .
Before me personally appeared _____ , known to me and made
oath to the truth of the matters contained herein.

Notary Public
Commissioner of Superior Court