



DIVISION OF WORKERS' COMPENSATION  
WORKERS' COMPENSATION APPEALS BOARD

# NOTICE OF APPLICATION

DATE OF SERVICE: 11/09/2009  
EAMS CASE NBR(s): ADJ7010682  
DATE OF CLAIMED INJURY: 03/26/2009

EMPLOYEE: TIFFANY ANDERSON  
EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CTL  
INSURER: ACCLAMATION SACRAMENTO

VENUE: STK-ADJ, 31 E. CHANNEL STREET, #344, STOCKTON, CA, 95202

**COMMENT(S)/REMARK(S):**

AN APPLICATION FOR ADJUDICATION OF CLAIM HAS BEEN FILED WITH THE WORKERS COMPENSATION APPEALS BOARD FOR THE ABOVE CLAIMED INJURY. PLEASE REFERENCE THE ABOVE EAMS CASE NUMBER ON ALL CORRESPONDENCE TO THE WCAB. THIS NOTICE CONSTITUTES A CONFORMED COPY OF THE APPLICATION.  
DATE APPLICATION FILED: 11/05/2009

NOTICE TO PARTIES: **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**