

**INDUSTRIAL COMMISSION OF OHIO
REPRESENTATIVE / EMPLOYER CHANGE OF ADDRESS**

CHANGES WILL NOT BE MADE WITHOUT THE APPROPRIATE RISK OR REP. NUMBER AND AN AUTHORIZED SIGNATURE

RISK NUMBER: _____

EMPLOYER NAME _____

DOING BUSINESS AS _____

NEW ADDRESS:

ADDRESS _____

CITY _____ ST _____ ZIP _____

FOREIGN COUNTRY _____

PHONE #: _____

FAX #: _____

CONTACT NAME: _____

EFFECTIVE DATE: _____

These changes are authorized by the following individual with the understanding that the new address will impact the mailing of all correspondence from the Industrial Commission of Ohio.

Please PRINT and SIGN: _____ / _____ Date: _____

REPRESENTATIVE NUMBER: _____

REP. NAME / FIRM NAME _____

NEW ADDRESS:

ADDRESS _____

CITY _____ ST _____ ZIP _____

FOREIGN COUNTRY _____

PHONE #: _____

FAX #: _____

CONTACT NAME: _____

EFFECTIVE DATE: _____

These changes are authorized by the following individual with the understanding that the new address will impact the mailing of all correspondence from the Industrial Commission of Ohio.

Please PRINT and SIGN: _____ / _____ Date: _____

INTERNAL USE ONLY

Address Changed By: _____

Date: _____