



Change of Address

Date Received (Division Use Only):

Pursuant to 8 AAC 45.060(f), immediately upon a change of address for service, a party or a party's representative must file with the board and serve on the opposing party a written notice of the change. Until a party or the board receives written notice of a change of address, documents must be served upon a party at the party's last known address.

This form will be returned with no action if all parties are not served and included in the Proof of Service section.

AWCB Number(s)

Name

New Mailing Address

City, State, Zip Code

Phone Number

Effective Date

Signature:

Date

PROOF OF SERVICE

I certify that on the date below I mailed/delivered a true and correct copy of this request to the following:

Name	At (address, email, fax number)
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Name	At (address, email, fax number)
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Name	At (address, email, fax number)
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Name	At (address, email, fax number)
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Name of person serving request	Signature	Date
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Alaska Division of Workers' Compensation Offices

workerscomp@alaska.gov

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Anchorage, AK 99503-4149
(907) 269-4980

1111 West 8th Street, #305
PO Box 115512
Juneau, AK 99811-5512
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