

GEORGIA DEPARTMENT OF LABOR

148 Andrew Young International Blvd., Suite 850

Atlanta, Georgia 30303

Phone (404) 232-3001 - Fax (404) 232-3285

REQUEST FOR EMPLOYER'S CHANGE OF ADDRESS

GDOL Account Number _____ Federal ID Number _____

Employer Name _____

<i>Mailing Address</i>	<i>Principle Business Location in GA</i>
Company Name _____	Address _____
Address _____	City _____ State _____ Zip Code _____
City _____ State _____ Zip Code _____ County _____	Company E-mail address _____
Company E-mail address _____	Telephone No. _____ Fax No. _____
Telephone No. _____ Fax No. _____	

Additional Addresses: Service Provider/Quarterly Tax and Wage Reports

Service Provider's Name _____

Address _____

City _____ State _____ Zip Code _____

Company E-mail address _____

Telephone No. _____ Fax No. _____

<i>Claims Notification Address</i>	<i>Tape and Diskette Return</i>
Address _____	Contact _____
City _____ State _____ Zip Code _____	Address _____
Telephone No. _____ Fax No. _____	City _____ State _____ Zip Code _____
	Company E-mail _____
	Telephone No. _____ Fax No. _____

Address for Employer Quarterly Notice of Benefit Charges, DOL-620

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

I understand that all notifications to the employer, with the above Georgia Department of Labor account number, will be sent to the designated addresses listed above.

Date _____ Telephone No. _____

Signature _____ Print Name and Title _____