

**STATE OF ALASKA
DIVISION OF WORKERS' COMPENSATION
CHANGE OF ADDRESS**

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.

AWCB Number:

Printed Name:

New Mailing Address:

City, State, ZIP Code:

Phone Number:

Effective Date:

Signature:

Date:

Send completed form to the Division of Workers' Compensation at one of the offices below, or by email to workerscomp@alaska.gov

ANCHORAGE

3301 Eagle Street, Suite 304
Anchorage, AK 99503
Tel: (907) 269-4980
Fax: (907) 269-4975

FAIRBANKS

675 Seventh Ave., Station K
Fairbanks, AK 99701-4531
Tel: (907) 451-2889
Fax: (907) 451-2928

JUNEAU

P.O. BOX 115512
Juneau, AK 99811
Tel: (907) 465-2790
Fax: (907) 465-2797