



Instructions: You must complete this form in its entirety for completion of address change.

Name	Date	Risk number
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I hereby authorize BWC to change the address of the above named risk

From:

To:

BWC use only	
<hr/> <p style="text-align: center;">County</p>	<hr/> <p style="text-align: center;">County code</p>

*Authorized signature

District

Original-risk file

NOTE: *Authorized signature:
Sole proprietor-owner
Partnership-partner
Corporation-officer