

**ALASKA WORKERS' COMPENSATION APPEALS COMMISSION**

Appellant, <i>(party filing appeal)</i>	
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	AWCAC Appeal No. _____
	AWCB Decision No. _____
	AWCB Case No. _____

**CHANGE OF ADDRESS OF RECORD**

I, \_\_\_\_\_, am the:  Appellant  Appellee  
*(name)*

I inform the Commission of a change of address of record:

Signature	Date
Mailing Address	
City, State, Zip	
Telephone Number	Fax Number and/or Email

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ <i>(date)</i> this Change of Address of Record was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Workers' Compensation Appeals Commission; and, I certify that on this same date a copy of this document filed with the Commission was <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. <i>(Attach additional pages if more addresses must be listed.)</i>	
	<input type="checkbox"/> Opposing party <b>OR</b> party's attorney (if represented): _____ _____
_____ <i>Print name of person who mailed / delivered Change of Address</i>	_____ <i>Signature of person who mailed / delivered Change of Address</i>