



Mark Gordon
Governor

State of Wyoming
Department of Workforce Services
DIVISION OF WORKERS' COMPENSATION
5221 Yellowstone Road
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<http://www.wyomingworkforce.org>



Robin Sessions Cooley
Director
Elizabeth Gagen, J.D.
Deputy Director

CHANGE OF ADDRESS

Claim Number: _____

Social Security#: _____ Phone# _____

Name: _____

New Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

CHANGE OF NAME

Claim Number: _____

Social Security#: _____ Phone# _____

New Name: _____

Previous Name: _____

Effective Date: _____

Signature: _____

NOTICE: If you are receiving payments through the Electronic Funds Transfer (Direct Deposit) and these changes will affect your bank account, you will be required to submit an updated EFT form.