

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition for review)</i>	
vs.	
Respondent(s). <i>(all other parties to petition)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S CHANGE OF CONTACT INFORMATION

I, _____, am the Petitioner Respondent and I hereby inform the Commission of the following changes in my contact information:

New Mailing Address: _____

New Telephone Number: _____

New Fax Number: _____

New Email Address: _____

The person filing this document MUST sign below.

 Signature Date

 Mailing Address

 City, State, Zip

 Telephone Number Fax Number and/or E-mail

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