



Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor

Jacqueline T. Williams, Director

CHANGE OF ADDRESS FORM

For record keeping purposes, all changes to the billing or owner information must be in written format. Complete this form indicating all state ID numbers at the location. Use one form per location address.

State ID Number(s)

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Location of Elevator

Building Name: _____

Contact Person: _____ Telephone: _____

Address: _____ City: _____

State: **OH** Zip: _____ County: _____

Owner of Building

Same as Location

Company: _____

Contact Person: _____ Telephone: _____

Address: _____ City: _____

State: **OH** Zip: _____

Billing Information

Same as Owner

Same as Location

Company: _____

Contact Person: _____ Telephone: _____

Address: _____ City: _____

State: **OH** Zip: _____

Signature

Date

Form DIC 4616

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