

**STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION**

_____, WCA No. _____
Worker,
v. _____, and
_____,
Employer/Insurer.

NOTICE OF CHANGE OF ADDRESS

COMES NOW the _____,
(Name of filing party) (Relationship to case)

and hereby notifies the Workers' Compensation Administration that my new address/ email address and telephone number are provided as follows:

Signature

Print name

Address

City/State/Zip

Telephone

E-mail address for service