SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

Reemployment Assistance Division

PO Box 4730, Aberdeen, SD 57402-4730
Tel: 605.626.2312 Fax: 605.626.3347 dlr.sd.gov

EMPLOYER CHANGE OF ADDRESS REQUEST

ccount Number:		FEIN:	
Business Name or DBA:			
Owner or Corporate Name:			
Old Address:			
Address:	City:	State:	Zip:
would like to update the Mailing and Physical address to be the same:		Yes N	lo
New Mailing Address:			
Address:	City:	State:	Zip:
New Physical Address:			
Address:	City:	State:	7ip:
The undated address is to take effe	ct on (MM-DD-YYYY):		
This must be signed by the owner, p		,	
This must be signed by the owner, p	oarther, or authorized official.		
	· '-		
Signature:	Title:		
Phone:	Date:		
For SD DLR use only:			
Date Received: FLD REF	P#		
Approved Date:BY:			
Date Processed: BY:			