



EMPLOYER REQUEST FOR NOTICE BY MAIL

State Form 56626 (R / 4-23)

Indiana Department of Workforce Development
10 N. Senate Ave.
Indianapolis, IN 46204-2277

Confidential record pursuant
to IC 4-1-16, IC 22-4-19-6

INSTRUCTIONS: DWD routinely delivers notices to employers via e-mail. Employers are entitled to receive notices by US Mail once they have informed the Agency that they are requesting notice by US Mail. This form should be completed, signed, and returned to the Agency to document the employer's request.

SECTION ONE – IDENTIFICATION OF THE EMPLOYER

What is the SUTA number currently assigned to the business you are reporting?

What is the name of your business as registered with DWD?

What is the FEIN number of the employer as registered with DWD?

SECTION TWO – MAILING ADDRESS OF THE EMPLOYER – DO NOT USE A THIRD PARTY ADDRESS.

Street Address

City State ZIP Code

SECTION THREE – AUTHORIZATION

Provide the name and contact information for the person who is authorizing this request on behalf of the employer. This form cannot be processed without a valid signature.

First Name

Last Name

Telephone

E-mail address

IMPORTANT: By signing this form, you are certifying that the information contained herein is true and accurate to the best of your knowledge and belief. You further affirm that you are a person of sufficient authority with regard to the named entity to file this document. It is the sole responsibility of the employer to update their legal mailing address as needed once this request has been processed.

Requestor's Signature: _____ Date _____ / _____ / _____

Relationship to employer: Employee Agent

Title _____

Return completed forms to: DWD – Employer Notice Requests
10 N. Senate Ave.
Indianapolis, IN 46204-2277

Fax: 317-233-2706
Questions: 1-800-891-6499
Handbook: www.in.gov/dwd