



## INFORMATION CHANGE FORM

**Instructions:**

**This form must be submitted to the Office of Procurement to request information change for contractors.**

***Name Change Only:***

Please complete the General Information and Name Change Sections, sign and date. A copy of the social security card and W-4 Form with the new name is required.

***Address Change Only:***

Please complete the General Information and Address Change Sections, sign and date.

### GENERAL INFORMATION

Former Name (please print): \_\_\_\_\_

( ) Contract Worker ( ) Board Member ( ) Commission Member

WIN Number: \_\_\_\_\_

### NAME CHANGE

New Name: \_\_\_\_\_ Email: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### ADDRESS CHANGE

New Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date