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Location Contact Update Form

Please use this form to provide changes or updates to your location’s contact for unemployment insurance documentation.

Location Name:

SUTA Number:

Entity ID:

Name:

Phone:

Email Address:

Manager	<input type="checkbox"/>
Claim Contact	<input type="checkbox"/>
Backup Claim Contact	<input type="checkbox"/>
Hearing Contact	<input type="checkbox"/>
Backup Hearing Contact	<input type="checkbox"/>

Name:

Phone:

Email Address:

Manager	<input type="checkbox"/>
Claim Contact	<input type="checkbox"/>
Backup Claim Contact	<input type="checkbox"/>
Hearing Contact	<input type="checkbox"/>
Backup Hearing Contact	<input type="checkbox"/>

Name:

Phone:

Email Address:

Manager	<input type="checkbox"/>
Claim Contact	<input type="checkbox"/>
Backup Claim Contact	<input type="checkbox"/>
Hearing Contact	<input type="checkbox"/>
Backup Hearing Contact	<input type="checkbox"/>