

EMPLOYER ADDRESS INFORMATION

Allow two (2) business days for your request to be processed.

New Modified

Legal Name _____ DBA Name _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Hire Date _____ FEIN NO. _____

Phone Number _____ FAX NO. _____

If your company uses this address/site for processing all employment related correspondence, check this box.

ADDITIONAL ADDRESS TYPE: If your company processes different types of employment related correspondence at different addresses, or through an outside vendor, please check the appropriate box and provide the address and information where that correspondence should be sent below.

Job Site Income Withholding Orders National Medical Support Notices Employment Verification
Statutory Agent

EMPLOYER

IWO Address _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ FAX NO. _____

Employer _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ FAX NO. _____

Employer VER _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ FAX NO. _____

Employer Jobsite _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

E-MAIL INSTRUCTIONS FOR EMPLOYER ADDRESS FORM

1. After completing this form, save to a file folder that you have so it can be sent as an attachment in your e-mail.
 - a. The employer form does not contain confidential information, so you may attach the form to any regular e-mail. In the body of your e-mail please provide the ATLAS case number, your request and/or question, your name, phone number and your complete e-mail address.
2. County Partners, Attorney General's office and Clerks of the Court, please send your e-mail to: DCSSEmployerform@azdes.gov

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.