

Building Modification Form Office of Risk Management

NOTE	MODIFICATIONS REQUESTS SHALL ONLY BE MADE BY THE OWNING AGENCY OF A BUILDING.				
AGENCY REQUESTING CHANGE				ORM LOCATION CODE	
AUTHORIZED BY			DATE	BUILDING CODE (SITE CODE/BUILDING NO.)	
CONTACT NAME			PHONE NUMBER	LEGACY BUILDING NUMBER (SLABS)	
EMAIL ADDRESS					
TYPE OF CHANGE (PLEASE CHECK ONE)	<input type="checkbox"/> BUILDING NAME CHANGE <input type="checkbox"/> BUILDING ADDRESS CHANGE <input type="checkbox"/> ORM LOCATION CODE CHANGE		<input type="checkbox"/> BUILDING RENOVATION/ADDITION <input type="checkbox"/> BUILDING USE CHANGE/VACANCY <input type="checkbox"/> OTHER _____		
	EXISTING DATA			NEW DATA	
STATE AGENCY NAME					
ORM LOCATION CODE					
BUILDING NAME					
STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)					
CITY, STATE, ZIPCODE					
DETAILS (INCLUDE DATE OF TRANSACTION, TYPE OF RENOVATION, CHANGE IN USE, ETC.)					
RETURN COMPLETED FORM TO	THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106				

UND-4.3

revised 8/2015

FOR ORM USE ONLY	
DATE RECEIVED	
DATE GIVEN TO TPA	
DATE COMPLETED	
FOR ORM USE ONLY – INTERAGENCY TRANSFER	
EMAILED ISG	
CHANGED LOCATION & CONTACT NAME	