

# Update Employer Primary Contact Information

Please use the form below to update your employer contact information.

Please print this form and send to: DCF-Office of Child Support, Employer Services Unit, 103 South Main Street, Waterbury, VT 05671-1901, fax to 802-241-2748, or call our Employer Services Unit at 1-800-786-3214.

## **Employer Contact Information**

Current Employer Name: \_\_\_\_\_

Contact Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **Other Information**

Does your company have a web site or email address that we should use for future contacts? Please provide them below.

Web Site URL: \_\_\_\_\_

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