

Building Deletion Form Office of Risk Management

NOTE	DO NOT USE THIS FORM TO REPORT BUILDINGS UNLESS THE BUILDING IS COMPLETELY GONE.				
AGENCY REQUESTING CHANGE				ORM LOCATION CODE	
AUTHORIZED BY			DATE		BUILDING CODE (SITE CODE/BUILDING NO.)
CONTACT NAME			PHONE NUMBER		LEGACY BUILDING ID (SLABS)
EMAIL ADDRESS					
REASON FOR DELETION (PLEASE CHECK ONE)	<input type="checkbox"/> BUILDING SOLD/DONATED <input type="checkbox"/> BUILDING DEMOLISHED/TORN DOWN <input type="checkbox"/> BUILDING MOVED <input type="checkbox"/> OTHER _____				
BUILDING 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 SALE, DEMOLITION, ETC.)					
NOTE	WHEN DELETING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, DEMOLITION PAPERWORK, ETC.)				
RETURN COMPLETED FORM TO	THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106				

FOR ORM USE ONLY	
DATE RECEIVED	
DATE GIVEN TO TPA	
DATE INACTIVATED	

UND-4.2

revised 8/2015