

## Building Modification Form Office of Risk Management

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

FOR ORM USE ONLY			
<b>DATE ORM RECEIVED FROM AGENCY</b>		<b>BLDG NAME LOCATION CODE CHANGE SENT TO TPA</b> <input type="checkbox"/>	<b>DATE UPDATES COMPLETED IN THE SYSTEM</b>
<b>DATE SENT TO TPA TO BE RE-APPRAISED</b>		<b>BUSINESS AREA, FUND, FUND CTR, SETTLEMENT RULE UPDATED</b> <input type="checkbox"/>	<b>UPDATES COMPLETED BY</b>