

REQUEST FOR WORKERS' COMPENSATION and UNEMPLOYMENT INSURANCE

CERTIFICATE OF COVERAGE

ON LINE: <http://cogs.state.wy.us>

Or SEND TO:

WORKERS' SAFETY AND COMPENSATION
EMPLOYER SERVICES
1510 EAST PERSHING BLVD
CHEYENNE WY 82002
FAX# 1-307-777-5298

WYOMING UNEMPLOYMENT TAX DIVISION
EMPLOYER SERVICES
PO BOX 2760
CASPER WY 82602
FAX# 1-307-235-3278

COMPANY NAME/NAME: _____

UI EMPLOYER # _____

WC ACCOUNT # _____

ADDRESS: _____

PHONE #: (_____) _____

PLEASE ISSUE THE CERTIFICATE TO:

CONTRACTOR: THE TOWN OF GREYBULL

ATTENTION: JESSICA FINK- ASSISTANT CLERK

MAILING ADDRESS: PO BOX 271
GREYBULL WY 82426

Email: greybullap@wyonet.net

RE/JOB: _____

SIGNATURE

DATE

This institution is an equal opportunity provider.