

Building Deletion Form Office of Risk Management

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| 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"/> 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 ORM RECEIVED | |
| DATE INFO SENT TO TPA TO CLOSE OUT IF SOLD/VERIFY IF DEMOLISHED | |
| DATE ORM INACTIVATED | |
| FUNCTIONAL LOCATION CLOSED OUT <input type="checkbox"/> | COMPLETED BY: |