

**Ohio Department of Jobs and Family Services**  
**Attention: Contribution Department**  
**145 South Front Street, P.O. Box 923**  
**Columbus, OH 43216-0923**  
**(614) 466-2319**

**EMPLOYER'S REPRESENTATIVE AUTHORIZATION**

I hereby authorize the Ohio Department of Jobs and Family Services to:

Acknowledge the following representative of record and **change the official mailing address** of the referenced employer's unemployment **TAX** file to that of the representative. I further direct the Bureau to send all unemployment compensation **TAX** information directly to the representative on a **regular basis**.

**-OR-**

Acknowledge the following representative of record on matters pertaining to unemployment compensation **TAXES**. I further direct ODJFS to send all unemployment compensation **TAX** information directly to the representative on a **per request basis only**.

**-AND/OR-**

Acknowledge the following representative of record on matters pertaining to unemployment compensation **BENEFITS**. I further direct ODJFS to send unemployment compensation information directly to the Representative as follows:

Request for Wage & Separation Information;  Determination of Benefit Rights;

Appeal Correspondence and Decisions;  Chargeback Notices

<b>REPRESENTATIVE</b> <b>HUNTER CONSULTING COMPANY</b>	<b>REPRESENTATIVE ADDRESS</b> <b>6600 CLOUGH PIKE</b> <b>P.O. BOX 54865</b> <b>CINCINNATI, OH 45254-0865</b>
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**SECTION 11**

I hereby acknowledge that by executing this document I relieve the Ohio Department of Jobs and Family Services from liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any and all correspondence forwarded to the herein designated representative, including but not limited to:

1. Notification required by Section 4141.26
2. Injury caused by untimely appeal

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as revoked in writing by the undersigned or by the herein designated representative.

**SECTION 111**

EMPLOYER NAME	EMPLOYER ADDRESS	
EMPLOYER UC ACCOUNT NUMBER	EMPLOYER PHONE NUMBER	
EMPLOYER SIGNATURE	TITLE	DATE

**DO NOT WRITE BELOW THIS LINE – FOR BUREAU USE ONLY**