



R. Michael Loewke  
Chairperson

## CIVIL SERVICE EXAMINATION NAME / ADDRESS CHANGE FORM

Name on File: \_\_\_\_\_

SSN: \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_ (if applicable)  
*Last First Middle*

**NEW MAILING ADDRESS:** \_\_\_\_\_  
*Street Address City State, Zip*

Legal residence if different from mailing address: \_\_\_\_\_  
*Street Address City State, Zip*

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

### IMPORTANT INFORMATION FOR RESIDENTIAL CERTIFICATIONS OF AN ELIGIBLE LIST

*Missing, incomplete or inaccurate information may cause your name to be omitted from a residential certification and for you to miss an employment opportunity*

**SCHOOL DISTRICT RESIDENCY:** \_\_\_\_\_

**TOWN RESIDENCY:** \_\_\_\_\_

**VILLAGE RESIDENCY:** \_\_\_\_\_

**FIRE DISTRICT RESIDENCY:** \_\_\_\_\_

*For positions used in Fire Districts, such as Dispatcher or Firefighter*

**Signature:** \_\_\_\_\_

I affirm that the information given above is true and correct. I understand that any false statements made are grounds for barring appointment and may result in termination.

*A change of address is not deemed to be effective until received by this office. In order for a name to appear on a residential certification, the eligible must have been a resident of such municipality for at least thirty (30) days prior to the date of certification.*

*THIS FORM MAY BE MAILED, FAXED OR E-MAILED TO THE ADDRESSES BELOW*