



Town of Brunswick ADDRESS CHANGE FORM

Employee Name First Name: _____ Last Name: _____
(Please Print)

Former Name First Name: _____ Last Name: _____

Department: _____ **Position:** _____

Old Residential Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: (____) _____

New Residential Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: (____) _____

Old Mailing Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: (____) _____

New Mailing Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: (____) _____

Signature: _____

(Invalid unless signed by you)

Date: _____

For Personnel Office Use Only

_____ MMHET

_____ ICMA

_____ FINANCE

_____ MSRS

_____ AETNA

_____ EMERGENCY CONTACT

_____ DB

(10/2/00)