



# 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: \_\_\_\_\_

Date: \_\_\_\_\_

*(Invalid unless signed by you)*

### For H.R. Department Use Only

\_\_\_\_\_ MMHET

\_\_\_\_\_ ME PERS

\_\_\_\_\_ FINANCE

\_\_\_\_\_ Dental

\_\_\_\_\_ ICMA

\_\_\_\_\_ Employee Database

\_\_\_\_\_ ING

(10/2009)