

**GREENE COUNTY CIVIL SERVICE COMMISSION  
CHANGE OF NAME AND/OR CHANGE OF ADDRESS FORM**

Any change in name or address must be reported on this form

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NAME: \_\_\_\_\_ SS# \_\_\_\_\_

NAME CHANGED FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

CHANGE FOR EXAM NUMBER & TITLE: \_\_\_\_\_

**PRIMARY ADDRESS: Enter the address of your new permanent (legal) residence:**

\_\_\_\_\_ STREET ADDRESS

\_\_\_\_\_ TOWN/VILLAGE

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP CODE

VILLAGE OF: \_\_\_\_\_ TOWN OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

**MAILING ADDRESS: Enter your mailing address if different than above**

\_\_\_\_\_ STREET ADDRESS/POST OFFICE #

\_\_\_\_\_ TOWN/VILLAGE

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP CODE

\_\_\_\_\_ PHONE NUMBER

\_\_\_\_\_ EFFECTIVE DATE OF CHANGE

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

**RETURN COMPLETED FORM TO:**

GREENE COUNTY CIVIL SERVICE COMMISSION  
411 MAIN STREET, CATSKILL, NY 12414  
PHONE: 518-719-3253 FAX: 519-719-3772  
[www.greenegov.com](http://www.greenegov.com)

**DOCUMENTATION PROVIDING OFFICIAL CHANGE IN NAME AND/OR ADDRESS MAY BE REQUIRED**