

**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

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

E-MAIL ADDRESS: _____

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

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