06/2009

Monroe County Department of Human Resources
39 West Main Street, Room 210
Rochester, NY 14614-1471

CIVIL SERVICE EXAMINATION CHANGE OF ADDRESS FORM

PLEASE COMPLETE THE FOLLOWING FIELDS TO INSURE ACCURATE ADDRESS CHANGE:

PLEASE PRINT NEATLY

Print Name: _____ SS#: _____

NEW ADDRESS: _____ NY _____
Street Address *City* *State* *Zip*

Mailing address if different from home address: _____ NY _____
Street Address *City* *State* *Zip*

PHONE NUMBER: (____) _____ **EMAIL ADDRESS:** _____

THE FOLLOWING INFORMATION IS IMPORTANT FOR RESIDENTIAL CERTIFICATIONS OF AN ELIGIBLE LIST

Missing, incomplete or inaccurate information may cause your name to be omitted from a residential certification

CITY/VILLAGE RESIDENCY: _____

TOWN RESIDENCY: _____

SCHOOL DISTRICT RESIDENCY: _____

FIRE DISTRICT RESIDENCY: _____
For Dispatcher, Firefighter and Public Safety Dispatcher titles for example

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.

THIS FORM MAY BE MAILED TO THE ABOVE ADDRESS OR FAXED TO: (585) 753-1728