

Employee Change of Address Form

To change your address: print and complete this form. Return the form to the County Clerk's office.

Name: _____
First MI Last

SS #: _____

New Address: _____
(Street) (Apt. #, if applicable)

(City, State Zip)

Phone Number change? YES / NO

New Phone Number: _____

Email change? YES / NO

New Email: _____

Effective Date: _____

Employee Signature: _____