



TOWN OF COLONIE
 Civil Service Department
 PO Box 508
 Newtonville, NY 12128
 (518)783-2721
www.colonie.org

CHANGE OF ADDRESS NOTIFICATION FORM

All fields must be completed:

Name:

Social Security Number:

Old Address (Include Zip Code):

Date of Birth (Police Officer only):

New Address (Include Zip Code):

New Telephone Number(s):

New Mailing Address (Include Zip Code)

E-Mail Address: _____

Please change my address on the following eligible list(s):

EXAM NUMBER	TITLE OF EXAM	DATE HELD

I declare, subject to the penalties of perjury, that the statements made in this application have been examined by me and, to the best of my knowledge and belief, are true and correct.

Signature: _____ Date: _____

Send form to above address or fax it to 783-2802