



# TOWN OF COLONIE

## Civil Service Department

Memorial Town Hall

P.O. Box 508

Newtonville, New York 12128

Phone (518) 783-2721 Fax (518) 783-2802

Service by Facsimile Not Accepted

Equal Opportunity Employer

Peter G. Crummey  
Town Supervisor

Rosemary Newton  
Personnel Officer

### 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