

GENESEE COUNTY HUMAN RESOURCES

CHANGE OF ADDRESS/NAME FORM

PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION AND **SUBMIT IN HARD COPY ONLY TO:**

Genesee County Human Resources, 15 Main St. County Building 1, Batavia, NY 14020

PRINT NAME _____

EFFECTIVE DATE ___/___/___

PHONE NUMBER _____

SOCIAL SECURITY # ___ - ___ - ___

PLEASE LIST CURRENT ELIGIBLE LIST YOU ARE ON _____

CHANGE OF ADDRESS

New Address _____
Street Address City, State, Zip

Mailing Address (If different from above)

_____ Street Address City, State, Zip

THE FOLLOWING RESIDENCY INFORMATION IS IMPORTANT FOR RESULTING RESIDENTIAL CERTIFICATIONS OF A LIST: (Incomplete information or inaccurate information may result in your name not appearing on a residential certification)

SCHOOL DISTRICT _____

VILLAGE _____

TOWN _____

NAME CHANGE

PREVIOUSLY HELD NAME:

Last _____ First _____ Middle Initial _____

CURRENT/NEW NAME:

Last _____ First _____ Middle Initial _____

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this form are true under the penalties of perjury. I understand that all statements made by me in connection with this form are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment or lead to revocation of my appointment.

SIGNATURE _____ DATE _____