CHANGE OF INFORMATION for CIVIL SERVICE EXAMINATION CANDIDATES

Return to: Herkimer County Personnel 109 Mary Street, Suite 1304, Herkimer, New York 13350 Phone: (315) 867-1115 Fax: (315) 867-1412 Web Site: www.herkimercounty.org

It is the responsibility of the candidate to notify Civil Service of any residency changes that might affect canvassing of eligible lists, or changes of last name, or telephone numbers. Complete and return by way of mail, fax or hand deliver this form to the above mailing address.

PRINT Name (indicate former last name if this a name change)	Social Security Number
()NEW Home Phone Number	() NEW Work Phone Number
NEW Home Phone Number	NEW Work Phone Number
NEW Street Address (Please Print)	Mailing Address (if different than street address)
1. List the title(s) and examination number(s) for (use the back of this form if more room is need	which this change of information should apply: led to list examinations)
Examination Title and Number	Examination Title and Number
Examination Title and Number	Examination Title and Number
2. Answer <u>ALL</u> the questions listed below:	
How many years and months have you lived at the ne	w address?
	Years Months
What is the school district of your new address?	
Name of the City or Village where your new address is	s located?
Name of the Town where your new address is located	?
Name of the County where your new address is locate	ed?
Name of the State where your new address is located?	
Effective Date of Change	
E-mail:	
Affirmation and Signature: I affirm that the statem perjury.	nents made on this form are true under penalties of
Date: Signature	: