

# CHANGE OF ADDRESS REQUEST

**LAST 4 DIGITS OF SS #**

**FIRST NAME**

**MIDDLE NAME**

**LAST NAME**

**NEW MAILING ADDRESS**

**NEW CITY**

**NEW STATE & ZIP**

**CERTIFICATION**

I authorize FALLS COUNTY to update my address to that listed above. This change of address will affect my personnel records; payroll; retirement; health coverage; and any additional elective coverage that I may have.

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**EMPLOYEE'S SIGNATURE**

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**DATE**

**Note: Once you have received your updated and/or renewed driver license, please provide a copy to our office. At that time, an updated Form I-9 will be completed by employee.**