



ALBANY COUNTY DEPARTMENT OF CIVIL SERVICE
 112 State St., Room 900 – Albany, NY 12207
 518-447-7770
www.albanycounty.com

CHANGE OF ADDRESS NOTIFICATION FORM

ALL fields must be completed:

NAME:

SOCIAL SECURITY NUMBER:

OLD RESIDENT ADDRESS (Include Zip Code):

Date of Birth (Police Officer And Firefighters Only):

NEW RESIDENT ADDRESS (Include Zip Code):
 NO PO BOXES

NEW TELEPHONE NUMBER(S):

Home: _____

Work/Cell: _____

NEW MAILING ADDRESS (Include Zip Code):
 PO Box , or if different from resident address

NEW SCHOOL DISTRICT:

NEW CITY/TOWN/VILLAGE:

Email address: _____

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

EXAM NUMBER	TITLE OF EXAM	DATE HELD

I, the undersigned, understand that, pursuant Rule VII of the *Civil Service Rules for Albany County*, I shall not be given preference in certification as a resident of a municipality pursuant to subdivision 4-a of Section 23 of the Civil Service Law of New York State, unless I have been a resident of such municipality for at least one month prior to the date of certification and must be a resident of such municipality at the time of appointment. 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 application to above address or fax it to 447-5586.