



COUNTY OF OSWEGO
DEPARTMENT OF PERSONNEL

COUNTY BUILDING
46 EAST BRIDGE STREET
OSWEGO, NEW YORK 13126
(315) 349-8367 • Fax: (315) 349-8254
www.oswegocounty.com

Carol N. Alnutt
Director of Personnel

CHANGE OF ADDRESS AND/OR NAME CHANGE FORM

Complete this form if you wish to update your name or address for the purpose of receiving civil service examination information and certification mailings.

This form must be fully completed and signed. The Department of Personnel will not be responsible for any failure to notify our office of a change in address or name change.

Mail, fax or deliver to:

Oswego County Department of Personnel, 46 East Bridge Street, Oswego, New York 13126; Fax: (315) 349-8254

PRINT OR TYPE ONLY

Please Check Correct Box:

Name Change: [ ]

Address Change: [ ]

Name Change:

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Address Change:

Legal Address:

Mailing Address (if different from legal):

Street \_\_\_\_\_

Street \_\_\_\_\_

or PO Box \_\_\_\_\_

or PO Box \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name (print) \_\_\_\_\_ Social Security Number: -- --

Phone Number: ( ) (Home) ( ) (Cell)

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Remarks: \_\_\_\_\_

Date Completed: \_\_\_\_\_ By (initials): \_\_\_\_\_