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 Street Address (Please Print)

Mailing Address (if different than street address)

1. List the title(s) and examination number(s) for which this change of information should apply:
(use the back of this form if more room is needed to list examinations)

Examination Title and Number

Examination Title and Number

Examination Title and Number

Examination Title and Number

2. Answer ALL the questions listed below:

How many years and months have you lived at the new address? _____________ _____________

Years Months

What is the school district of your new address? _________________________________________________

Name of the City or Village where your new address is located? ________________________________

Name of the Town where your new address is located? ________________________________

Name of the County where your new address is located? ________________________________

Name of the State where your new address is located? _________________________________________

Effective Date of Change ________________________________________________________________

E-mail: ____________________________________________________________________________

Affirmation and Signature: I affirm that the statements made on this form are true under penalties of perjury.

Date: ______________________ Signature: ________________________________