



**CHANGE OF INFORMATION  
FOR  
CIVIL SERVICE EXAMINATIONS**

**Return to:** Jefferson County Department of Human Resources  
175 Arsenal St., Watertown, NY 13601  
Phone: 315-785-3147 Fax: 315-785-5052

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

\_\_\_\_\_  
**PRINT Name** (Indicate former last name)

\_\_\_\_\_  
**Social Security Number**

(\_\_\_\_\_) \_\_\_\_\_  
**NEW Home Phone Number**

(\_\_\_\_\_) \_\_\_\_\_  
**NEW Work/Cell 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 back of this form if more room is needed)**

\_\_\_\_\_  
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 \_\_\_\_\_

**I affirm that the statements made on this form are true under penalties of perjury.**  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_