



CITY OF FALL RIVER Human Resources
1 Government Center, Room 643
Fall River, MA 02722
(508) 324-2667

EMPLOYEE CHANGE OF ADDRESS FORM

Employee Name: _____ **Employee #:** _____
(PLEASE PRINT)

Department: _____ **Active** _____ **Retired** _____

Telephone number(s): _____

E-mail address: _____

(If your spouse is employed by the City or retired from the City, please indicate his/her name, if this change of address applies to him/her.)

Name of spouse: _____
(PLEASE PRINT)

New Address:

Current Address:

A copy of this form must be forwarded to Human Resources and the Auditors office.

