

CONTACT DATA VERIFICATION/CHANGE FORM

- New Employee Change of Address Emergency Contact
 Change of Name Change of Phone number Other: _____

Effective: _____

Employee Name (new)*: _____ <small>*please attach copy of name change certificate or marriage certificate</small>
Employee Name (former): _____

Address: _____ _____

Mailing Address if different: _____ _____

Telephone: _____ <input type="checkbox"/> unlisted
Cell Phone: _____

In case of emergency notify:	
_____	_____
Name	Phone
_____	_____
Relationship	

Other: _____

Cc: Town Treasurer
Town Accountant