



CHANGE OF INFORMATION FOR CIVIL SERVICE EXAMINATIONS

Return to: City of Watertown, Municipal Civil Service
245 Washington Street, Room 205
Watertown, NY 13601
(315) 785-7733

It is the responsibility of the candidate to notify Civil Service of any residency / name change for the purpose of receiving civil service examination information and certification mailings.

This form **must be fully completed and signed**. Return this form by way of mail or hand delivery to the above address.

For NAME change:

New name _____

Indicate former last name _____

For change in LEGAL ADDRESS:

Address _____
(PO box is not an acceptable legal address)

City/ Village _____

State _____ Zip Code _____

For change in MAILING ADDRESS:

Address _____

City/ Village _____

State _____ Zip Code _____

New Phone Number _____

New E-Mail Address _____

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

Signature _____ **Date** _____

Social Security Number _____