



ADDRESS CHANGE FORM

Name _____ **Social Security** _____
(Please Print)

Mailing Address _____

Phone Number _____ **Unlisted** (box)

Effective Date _____

Employee Signature _____ **Date** _____

Return Form to: Town of Ocean City, Human Resources Office
City Hall - Room 106/ 301 Baltimore Ave, Ocean City, MD 21842

(HR Revised)

10/2003)