

ADDRESS CHANGE FORM

&

WARREN COUNTY SCHOOL TAX FORM

COMPLETE, SIGN AND TURN IN TO THE HR DEPARTMENT

FULL NAME

EMPLOYEE NUMBER *or*
SOCIAL SECURITY NUMBER

HOME STREET ADDRESS: _____
(NO PO BOXES)

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____
(if different than above can be a PO BOX)

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER

ALTERNATE PHONE NUMBER

Check the statement that applies to you: (HR will verify the below checked statement and adjust if necessary)

_____ I certify that I **DO** live in the Warren County School District

_____ I certify that I **DO NOT** live in the Warren County School District

DATE: _____ SIGNATURE: _____

HR USE ONLY

HR Specialist/Staff

Initials

Benefits Manager

Initials (if applicable)