

**CITY OF MEDFORD
EMPLOYEE CHANGE OF ADDRESS NOTIFICATION**

Please complete, sign & date, and return to your immediate supervisor.

Employee Name: _____

New Residence Address: _____

Contact Phone #: _____

Employee Signature: _____ **Date:** _____

Office Use

Supervisor's Signature: _____ **Date:** _____

Department Update: **Date:** _____ **Initials:** _____

City Clerk Notified: **Date:** _____ **Initials:** _____

Treasurer Notified: **Date:** _____ **Initials:** _____