



Change of Name and Address Request Form

Change of Name Request

Employee Name _____

Previous Name _____

Current Address _____

City _____ State _____ Zip _____

Phone Number _____

Department _____

Effective Date _____

Change of Address Request

Employee Name _____

Previous Address _____

City _____ State _____ Zip _____

Current Address _____

City _____ State _____ Zip _____

Phone Number _____

Department _____

Effective Date _____

Please Return to:
City of Burton
Attn: Benefits
4303 S. Center Rd.
Burton, MI 48519

For Questions Contact: (810)743-1500 ext 1702