



## 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: Bette Bigsby (Benefits Rep.)**

**4303 S. Center Rd.**

**Burton, MI 48519**

**or Email to: [b.bigsby@burtonmi.gov](mailto:b.bigsby@burtonmi.gov)**

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