



# City of Westfield, Massachusetts Personnel Department

Tel: (413) 572-6207  
Fax: (413) 562-3466

59 Court Street  
Westfield, MA 01085

## CHANGE OF ADDRESS / NAME

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address Change

New Address: \_\_\_\_\_

Name Change

New Name: \_\_\_\_\_

*All name changes must correspond with Social Security before submission of this form. Please ensure you have updated with Social Security before returning to Personnel.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Copy to:

Payroll  
Benefits  
Retirement