

TOWN OF CARMEL

60 MCALPIN AVE
MAHOPAC, NY 10541
845-628-1500



TO: TOWN OF CARMEL

RE: CHANGE OF NAME AND/OR ADDRESS

PLEASE CHANGE MY NAME AND/OR ADDRESS TO:

NAME _____

STREET _____

CITY _____

SOC SEC # _____

MY FORMER NAME AND/OR ADDRESS WAS:

NAME _____

STREET _____

CITY _____

THIS CHANGE IS FOR MY W-2 FORM AND HEALTH INSURANCE ONLY

SIGNED _____

DATE _____