



Columbia County Civil Service Commission

Catherine Hogencamp, Chairperson
Elena Mosley, Commissioner
M. Kathleen Nabozny, Commissioner
Dawn Elbert, Administrator
Kim Martens, Personnel Assistant

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CHANGE OF ADDRESS NOTIFICATION FORM

The following form must be completed by any person who has applied for a Columbia County Civil Service examination, or is on a Columbia County Eligible List, and has changed his/her place of residence. ***This department will not accept any change of address information if it has not been provided to us on this form.*** Information provided will be reviewed at a monthly commission meeting. ***Date of address change on Eligible list will be effective the date of the commission meeting (2nd Tuesday of the month) after information has been reviewed by Commissioners.***

Name: _____ Soc. Sec. #: _____

OLD RESIDENT ADDRESS:

NEW TELEPHONE NUMBER(S):
Home: _____
Work/Cell: _____

NEW RESIDENT ADDRESS: (NO PO BOXES)

NEW MAILING ADDRESS: (if different)

NEW SCHOOL DISTRICT: _____

NEW CITY/TOWN/VILLAGE: _____

Exam Number	Title of Exam	Date Held

*****ATTENTION: CANDIDATES ON DEPUTY SHERIFF AND/OR POLICE OFFICER ELIGIBLE LISTS MUST ATTACH A COPY OF THE FOLLOWING AS PROOF OF CHANGE:*****

1. Voter's Registration Card (available by the Columbia County Board of Elections) **AND**
2. Copy of Rental Receipt, or Lease Agreement, or utility bill showing physical address (**not mailing address**) or income tax statement (W2) or any bill or statement showing your physical address **acceptable to this commission. AND**
3. Copy of changed NYS Driver's License

I the undersigned understand that, pursuant to Rule VII 1 (b) of the Columbia County Civil Service Rules, I shall not be given preference in certification as a resident of a municipality pursuant to subdivision 4-a of Section 23 of the Civil Service Law of New York State, unless I have been a resident of such municipality for at least four months prior to the date of certification in order to be included in a certification as a resident of such municipality and must be a resident of such municipality at the time of certification and appointment.

I AFFIRM THAT THE STATEMENTS MADE ON THIS FORM INCLUDING ANY ATTACHED PAPERS ARE TRUE UNDER THE PENALTIES OF PERJURY. FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR UNDER SECTION 210.45 OF THE PENAL LAW.

Signature: _____ Date: _____

<p>For Civil Service Use: Proof Submitted: _____ Lists Amended: _____ Initials: _____</p>
