



**CITY OF BUFFALO**  
**DEPARTMENT OF HUMAN RESOURCES**  
**Civil Service Division**

BYRON W. BROWN  
MAYOR

GLADYS HERNDON-HILL  
COMMISSIONER

**PICTURE ID MUST BE PRESENTED WHEN SUBMITTING A CHANGE OF ADDRESS  
ALONG WITH TWO (2) PROOFS OF NEW RESIDENCE**

NOTICE OF CHANGE OF ADDRESS	
Social Security Number	<input style="width: 100%;" type="text"/>
Examination Filed For	<input style="width: 100%;" type="text"/>
	Title
On Eligible List For	<input style="width: 100%;" type="text"/>
	Number (if available)

**CHANGE FROM**

<input style="width: 100%;" type="text"/>					
Last Name		First Name		M.I.	
<input style="width: 100%;" type="text"/>					
Number		Street		City, State	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		Zip Code	
Phone Number		Date Moved			

**CHANGE TO**

<input style="width: 100%;" type="text"/>					
Last Name		First Name		M.I.	
<input style="width: 100%;" type="text"/>					
Number		Street		City, State	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		Zip Code	
Phone Number		Email Address			

I affirm that the statements made on this document ( including any attached documents ) are true under penalties of perjury.

SIGNATURE

DATE