



County of Onondaga

**Personnel Department**

John H. Mulroy Civic Center, 11<sup>th</sup> Floor  
421 Montgomery Street, Syracuse, NY 13202  
Phone: 315.435.3537 Fax: 315.435.8272

[www.ongov.net](http://www.ongov.net)

**J. Ryan McMahon, II**  
County Executive

**Carlton Hummel**  
Commissioner

**CIVIL SERVICE EXAMINATION ADDRESS and/or NAME CHANGE FORM**

Complete this form if you wish to update your name or address for the purpose of receiving civil service examination information and certification mailings.

This form **must be fully completed and signed**. The Department of Personnel will not be responsible for any failure to notify our office of a change in address or be certified for lack of information on this form.

**Mail, fax or deliver to:**

Onondaga County Department of Personnel, 421 Montgomery St., 11th floor, Syracuse, NY 13202 Fax (315) 435-8272.

**CURRENT COUNTY EMPLOYEES: You must make changes with your payroll clerk**

**PRINT OR TYPE ONLY**

**1) For Change in NAME:**

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

**2) For Change in LEGAL ADDRESS**

Address \_\_\_\_\_  
(Post office box is not an acceptable legal address)

City/Village \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Town \_\_\_\_\_

School District \_\_\_\_\_

County \_\_\_\_\_

Phone# Home \_\_\_\_\_ Business \_\_\_\_\_

**3) For Change in MAILING ADDRESS  
(if different from legal address)**

Address \_\_\_\_\_

or PO Box \_\_\_\_\_

City/Village \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address Change \_\_\_\_\_

**4) Name (print)** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**OFFICE USE ONLY**

Remarks: \_\_\_\_\_

Date Computer Updated \_\_\_\_\_ By (initials)