

EXAMINATION

CHANGE OF ADDRESS

Return to: Clinton County Department of Personnel
137 Margaret Street
Government Center, Room 212
Plattsburgh, NY 12901

I ATTEST INFORMATION PROVIDED IS TRUE UNDER PENALTY OF PERJURY:

SIGNATURE DATE

HOME PHONE: _____ CELL PHONE: _____

PRINT NAME: _____

ADDRESS: _____

PERMANENT LEGAL RESIDENCE IF DIFFERENT FROM ABOVE:

SCHOOL: _____ TOWN: _____

CITY: _____ VILLAGE: _____

WE MAY REQUEST THAT YOU VERIFY LEGAL RESIDENCE BY PROVIDING:

1. A copy of your Clinton County voter registration card OR
2. Copies of both (a) and (b) below; OR
3. Copies of either (a) or (b) AND one of either (c), (d), (e) or (f) below

FOR (b) THROUGH (f) SUBMIT ONLY THAT PORTION SHOWING YOUR NAME AND ADDRESS INDICATING RESIDENCY IN CLINTON COUNTY:

- (a) NYS driver's license indicating residency in Clinton County
- (b) NYS income tax form
- (c) Recent utility bill
- (d) Lease
- (e) Mortgage
- (f) Last Will and Testament