

**TOWN OF LONGMEADOW**  
**EMPLOYEE CHANGE OF INFORMATION FORM**

Complete all sections that apply. Please print legibly. Do not use nicknames.

**REQUIRED**

Social Security No.: \_\_\_\_\_ or Employee Number \_\_\_\_\_  
(Located on left corner of check stub)

Date of Birth: \_\_\_\_\_  
(00/00/0000)

**1. NAME CHANGE-**  
**PROOF OF LEGAL NAME CHANGE REQUIRED** (i.e. Marriage Certificate, Divorce Decree, Driver's License, SS Card)

OLD Name: \_\_\_\_\_  
(Last) (First) (Middle Int.)

NEW Name: \_\_\_\_\_  
(Last) (First) (Middle Int.)

**2. ADDRESS CHANGE**

OLD Address: \_\_\_\_\_  
(Street) (Town/City) (State) (Zip)

NEW Address: \_\_\_\_\_  
(Street) (Town/City) (State) (Zip)

**3. PHONE CHANGE**

OLD Phone Number: \_\_\_\_\_

NEW Phone Number: \_\_\_\_\_

**4. OTHER**

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE NAME** (PRINT) \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

*If you have any questions or need additional information contact a member of the  
Department of Human Resources at (413) 565-4128.*

**Please Make a Copy for the Employee**