



Human Resources Department
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E-mail: michael.woods@cityofvancouver.us

CHANGE OF ADDRESS FORM

Name (please print)		Social Security # or Employee #	
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Please change my address to the following:

Street	
City, State, Zip	
Phone #	

Signature		Date	
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When completed please send this information to Michael Woods in the Human Resources Department

To update your Emergency Contact Information, please click [here](#)