



# CHANGE OF ADDRESS FORM

TOOELE CITY HALL • 90 NORTH MAIN • TOOELE, UT 84074 • PHONE 435-843-2105 • FAX 435-843-2106

Name \_\_\_\_\_ Employee # \_\_\_\_\_ Department \_\_\_\_\_

## Address

From: \_\_\_\_\_  
(Street) (City) (State) (Zip)

To: \_\_\_\_\_  
(Street) (City) (State) (Zip)

## Phone

From: \_\_\_\_\_

To: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Please initial below if you would like your address changed with these other agencies. Return form to Human Resources.**

\_\_\_\_\_ Health, dental & vision, Utah Local Governments Trust

\_\_\_\_\_ PEHP

\_\_\_\_\_ Utah State Retirement Systems

\_\_\_\_\_ 401K Plan, John Hancock

\_\_\_\_\_ Flexible Spending Account, Flex Check

\_\_\_\_\_ Tooele City Accounts Payable

Employee Signature \_\_\_\_\_