

# CITY OF SOMERVILLE

## EMPLOYEE ADDRESS CHANGE FORM

Name: \_\_\_\_\_  
Please print

Department: \_\_\_\_\_

Old Address: \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City / State / Zip Code

New Address: \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City / State / Zip Code

New Phone No: \_\_\_\_\_  
Please include Area Code

Signature: \_\_\_\_\_

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

Submit to: City Hall Personnel Office  
93 Highland Avenue  
Somerville MA 02143  
Phone: 617-625-6600  
Fax: 617-666-4426  
Email: [djoy@somervillema.gov](mailto:djoy@somervillema.gov)