

Employee Signature:

CHANGE OF ADDRESS FORM

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

Name:	Empl	oyee # I	Department:	
<u>Address</u>				
From:				
	(Street)	(City)	(State)	(Zip)
То:				
	(Street)	(City)	(State)	(Zip)
<u>Phone</u>				
Effective Date	e:			
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	below if you would like your addr		se other agencies. Ro	eturn form to
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Please initial Human Resor	below if you would like your addr urces. PEHP – Heath and Dental ULGT – Vision Flex Check – Flexible Spending A Mutual of Omaha – Life	For HR Off	ice Use only: PEHP – Heat ULGT – Visi Flex Check – Mutual of On	h and Dental on Flex Spending Acct naha – Life ent Systems