## COUNTY OF TRINITY

PO Box 1347. Weaverville, CA. 96093 11 Court St. Weaverville, CA. 96093

## ADDRESS CHANGE FORM

Name	e (please print)			
Socia	l Security # (last four digits)			
New S	Street Address			
City		State		Zip Code
New	Home Phone			
New (	Cell Phone			
New 1	Home Email			
Effect	tive Date			
Empl	oyee Signature			
	PERS Me	mber	Date of Birth_	
* I	Please return to t	he <u>Human R</u>	esources D	epartment *
cc:	Human Resources One Solution Admin Benefits Auditor		on	