

**City of East Providence
Attn: Human Resources
145 Taunton Avenue
East Providence RI 02914**

Change of Address Form

Please submit this form to the Human Resources Department to process.

Name: _____ Department: _____

Are you a current employee Yes _____ No _____

New Address:

(Street)

(City) (State) (Zip)

Is this your mailing address? **Y or N**

If not, please provide your mailing address:

Home Phone: _____

Cell Number: _____

Email _____

Employee Signature Date

Received and processed by Date