

# CHANGE NOTIFICATION FORM



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

Building Location: \_\_\_\_\_

*Select  
Changed  
Item*

Name \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Phone # \_\_\_\_\_

School District of Residence \_\_\_\_\_

**City Tax Liability** (It is your responsibility to notify us of your city tax liability);

I am liable for \_\_\_\_\_ city tax because I work there.

I am liable for \_\_\_\_\_ city tax because I live there.

Print Name \_\_\_\_\_

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

Date \_\_\_\_\_