



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 _____