

Town of Niskayuna
Payroll
Change of Address Form

Please be advised that my correct address is as follows:

Social Security #: _____

Name: _____
(Please Print)

Signature: _____

Date: _____

Please make sure you notify the Retirement System, your Health care provider(s) and any miscellaneous memberships, if applicable, either on-line or with forms from the payroll office.