

TOWN OF CARMEL

TOWN HALL



60 McAlpin Avenue
Mahopac, New York 10541
Tel. (845) 628-1500 • Fax (845) 628-7836
www.ci.carmel.ny.us

TO: TOWN OF CARMEL ACCOUNTING DEPARTMENT

RE: CHANGE OF NAME AND/OR ADDRESS

THIS CHANGE IS FOR W-2 FORM AND HEALTH INSURANCE ONLY

CURRENT NAME AND ADDRESS :

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

SOCIAL SECURITY #: _____

PLEASE CHANGE MY NAME AND/OR ADDRESS TO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

SIGNED: _____

DATE: _____

PLEASE RETURN THIS FORM TO THE ACCOUNTING DEPARTMENT