



CITY OF COLORADO SPRINGS

**CHANGE FORM**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Employee ID #** \_\_\_\_\_

**Unit #** \_\_\_\_\_ **Employee SSN #** \_\_\_\_\_

**ADDRESS CHANGE  
(Please Print)**

**OLD ADDRESS**

\_\_\_\_\_  
Street Address City St Zip

**NEW ADDRESS**

\_\_\_\_\_  
Street Address City St Zip

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Work Phone Number

**NAME CHANGE  
(Please Print)**

From: \_\_\_\_\_ To: \_\_\_\_\_

Marital Status:  Married  Single  Divorced

Please respond to the following questions if you have a name change:

1. Copy of Social Security Card with new name enclosed?
2. Are you enrolled in our Medical Plan?  Yes  No

**EMERGENCY CONTACT CHANGE  
(Please Print)**

New Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address City St Zip

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Work Phone Number

**NOTE: You must also complete a PERA Change Form. Contact your Human Resources Contact (HRC) to obtain a PERA Change Form. Please send 2 copies of this form to Human Resources.**