

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

ADDRESS CHANGE REQUEST

Active Employee DROP Employee Former Employee Retiree

Name: _____
(Please Print)

Previous Address: _____
(Number and Street)

(City, State and Zip Code)

New Address: _____
(Number and Street)

(City, State and Zip Code)

Phone #: () _____ Employee ID or SSN #: _____

**P.O. Box number will only be accepted as a permanent address with written verification that the US Postal Service will not deliver to your address.*

Signature: _____ Date: _____

Department: _____ Employee ID# _____