



**William E. Rauh**  
Chairperson  
**Suzanne Scales**  
Commissioner  
**Michael J. Sullivan, Sr.**  
Commissioner

**Wm. Patrick Madden**  
Mayor

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**Office of the Civil Service Commission**  
City Hall  
433 River Street, Suite 5001  
Troy, New York 12180

**CHANGE OF ADDRESS FORM**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Examination Title(s):** \_\_\_\_\_

**Examination Number(s):** \_\_\_\_\_

**Date of Examination(s):** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_

**Current Street Address:** \_\_\_\_\_  
\_\_\_\_\_

**Current Mailing Address (if different)** \_\_\_\_\_  
\_\_\_\_\_

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

**Please complete and return to:**

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It is the candidate's responsibility to notify the Civil Service Commission of any address changes before and during the life span of the Established Eligible List.