

TOWN OF OXFORD



Change of Address

Name: _____

Old Address: _____

New Address: _____

Effective date: _____

Telephone number: _____

Change of Name

Former Name: _____

New Name: _____

Effective Date: _____

If your new name is due to a change in marital status please contact human resources at 508-987-6035

Return this completed form to the Payroll/Benefits Department