

YOUR PERSONAL INFORMATION
(Please update your contact information)

ADDRESS

Last Name _____ First Name _____

Street Address _____

City _____ State _____ ZIP _____

MAILING ADDRESS (if different from above)

Street Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____

Cell Phone (_____) _____

Please check the box if you do **NOT** have cell service at your house.

Email Address: _____

Check if you would like to receive City Correspondence by email rather than in your paycheck.

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Relationship _____

Contact Number(S) _____

EMPLOYEE SIGNATURE REQUIRED

Employee Signature _____ Date _____