

City of Ripon

Change of Address

Please complete the areas with an asterisk.

| | |
|-------------------|--|
| Date of Hire | |
| * Name | |
| * Address | |
| | |
| * Phone | |
| * Secondary Phone | |
| Department | |
| Position | |
| Emergency Contact | |
| * Name | |
| * Address | |
| | |
| * Phone | |
| * Secondary Phone | |
| * Relationship | |

* Contact the Human Resources Department to update any information as it changes.

Thank you.