



MAYOR SAMUEL J. CRAIG

CITY OF BEDFORD  
1102 16TH ST  
BEDFORD, IN 47421  
812-275-1608 FAX

**EMPLOYEE ADDRESS CHANGE REQUEST**

LAST NAME \_\_\_\_\_, FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
(Please Print) (Please Print)

CONTACT PHONE NUMBER: \_\_\_\_\_

PREVIOUS ADDRESS  
\_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

YOU ARE REQUIRED TO CONTACT PERF ONLINE TO CHANGE YOUR ADDRESS.

This letter serves as written notification that I have updated my address with the City of Bedford.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Notification of change in address or marital status.* It is the responsibility of the employee to report any change in address or marital status immediately to the deliver to Director of Administrative Services: Denise Henderson, 1102 16<sup>th</sup> Street, Bedford, IN 47421.; email [dhenderson@bedford.in.us](mailto:dhenderson@bedford.in.us).