

CITY OF GARDENA

CHANGE OF ADDRESS NOTIFICATION

- ☐ Address Change  
☐ Phone Number Change  
☐ Name Change

(Please Print)

NAME \_\_\_\_\_ SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MI

NEW NAME (If Applicable) \_\_\_\_\_  
LAST FIRST MI

DEPARTMENT \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_  
Number / Street City State Zip Code

HOME PHONE ( ) CELLPHONE ( )

\_\_\_\_\_  
Date Employees' Signature

(Office Use Only)

Original (Human Resources)

Pink (Department)

\_\_\_\_\_  
(ABS)  
\_\_\_\_\_  
(KAISER)  
\_\_\_\_\_  
(PERS)

PER 110 (Rev 4/14)