

**City of Saco**  
**Address Change Request Form**

**Name:** \_\_\_\_\_

**Emp#** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**New Address:**

**Street:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ME** \_\_\_\_\_

**Return form to the Human Resource Department. Changes can also be done via email. Send to [tmlambert@sacomaine.org](mailto:tmlambert@sacomaine.org).**