



**Liberty County**  
**EMPLOYEE ADDRESS CHANGE FORM**

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Please fill out completely and return to the **Human Resources Office**.

NOTE: This form is to be used for contact information changes only. Name changes must be submitted separately and require additional documentation.

**Employee's Full (Legal) Name:** \_\_\_\_\_

**Last 4 digits of SSN:** \_\_\_\_\_ **Department Name:** \_\_\_\_\_

**New Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Apt / P.O. Box)

\_\_\_\_\_  
(City, State and ZIP)

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

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

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Submit completed form to:**  
Liberty County Board of Commissioners  
ATTN: Human Resources  
100 Main Street, Suite 1320, Hinesville, GA 31313  
Telephone: (912) 876-2164 / Fax: (912) 348-0090