

REQUEST FOR OFFICIAL MAILING ADDRESS

Effective Date: _____

Park: _____

NAME (please print): _____ SSN: XXX - XX - _____

OFFICIAL MAILING ADDRESS:

(Used to mail Wage and Tax Statements (W-2), and other official correspondence)

Street/APT/PO Box: _____

City/State/ZIP: _____

EMPLOYEE SIGNATURE: _____

DATE: _____