

**Town of Southington  
and  
Southington Public Schools**

**DEMOGRAPHIC CHANGE FORM**

- Town Employee
- SPS Employee

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPARTMENT/BUILDING: \_\_\_\_\_

**TYPE OF CHANGE**

- Address
- Name
- Other

**ADDRESS CHANGE**

ADDRESS      Address/City/Zip

Old Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

**NAME CHANGE ~ must bring official documentation to make the change.**

Name Change from: \_\_\_\_\_

Name Change to: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_