

SOUTHWEST LICKING LOCAL SCHOOLS
NOTICE OF CHANGE IN ADDRESS AND/OR TELEPHONE NUMBER

NAME _____

STREET/BOX # _____

CITY _____

STATE _____ ZIP _____

EFFECTIVE DATE OF CHANGE _____

YES OR NO THE ABOVE CHANGE AFFECTS MY CITY INCOME TAX, THEREFORE, I WILL NEED A CITY INCOME TAX FORM

YES OR NO THE ABOVE CHANGE AFFECTS MY SCHOOL INCOME TAX, THEREFORE, I WILL NEED A SCHOOL DISTRICT INCOME TAX FORM.

TELEPHONE # _____

INFORMATION COMPLETED BY

DATE

OFFICE USE ONLY:

- _____ PRINCIPAL/SUPERVISOR
- _____ SUPERINTENDENT'S OFFICE
- _____ CURRICULUM OFFICE
- _____ DIRECTORY/MISC
- _____ SPECIAL EDUCATION DEPT. (IF NEEDED)
- _____ RECEPTIONIST

TREASURER'S OFFICE:

- _____ PAYROLL
- _____ ACCOUNT'S PAYABLE
- _____ ACCOUNTS REC
- _____ EMIS

(RETURN FORM TO PERSONNEL SECRETARY AFTER ALL HAS BEEN CHECKED OFF.)