

**CLERMONT COUNTY EDUCATIONAL SERVICE CENTER
2400 CLERMONT CENTER DRIVE, SUITE 100
BATAVIA, OHIO 45103
(513) 735-8300**

**CHANGE OF NAME/ADDRESS FORM
AND/OR CITY INCOME TAX FORM**

Date _____

Name _____

Bldg. Location _____

Address _____

Phone No. _____

City _____

State _____

Zip _____

Name Change - Formerly _____

Are you required to pay a City Tax? No Yes _____%

Are you required to pay a School District Tax No Yes _____%

Please email this completed form to Vikki Phillips @ phillips_v@ccesc.org or fax to 513-735-8371

NOTE: It will be your responsibility to send this form directly to the Treasurer's Office so that all records may be changed accordingly. Failure on your part to follow through on a change of address could result in your not receiving paychecks on time, contracts, or other official notifications.

Signature _____