BOARD OF WATER SUPPLY
CITY AND COUNTY OF HONOLULU

EMERGENCY CONTACT/ADDRESS CHANGE FORM

INSTRUCTIONS TO EMPLOYEES

The Board of Water Supply needs to have correct up-to-date information about each of its employees. Please assist by filling out this form immediately and returning it to the Human Resources Office.

Name:_____
LAST NAME FIRST MIDDLE INITIAL

Residence Address:_____

_____
City (Zip Code)

Mailing Address:_____
(if different)

Home Phone No:_____ Emergency Phone No._____

Are you married? Yes ☐ No.☐

Name of Spouse:_____

Number of Dependent Children_____ Their Ages:_____

In case of accident/emergency notify: (name and relationship)

_____

_____ _____
(Address) (Phone No.)

_____ _____
(Date) (Signature)

NOTE: Please notify the Personnel Office of any future changes regarding your personal data.