PAUL ELDRIDGE PERSONNEL OFFICER



KEVIN M. BYRNE PUTNAM COUNTY EXECUTIVE

To whom it may cor	ncern:					
I have filed to take t	he following Civ	vil Service E	Examina	tions administe	red by different ju	risdictions on the
same date of		•				
Examination No.	Title				Jurisdiction (County, City, NYS)	
l am requesting that	 : I be allowed to	sit for thes	se exam	nations in		
Jur	isdiction (Cour	nty, City, NY	()			
My contact informa	tion is:					
STREET ADDRESS			APT. #	CITY, STATE		ZIP CODE
HOME PHONE		CELL PHONE			LAST 4 DIGITS OF SOC	CIAL SECURITY NUMBER
Thank you for your a	ssistance.					
				Signature		
				Print Name		
				Date		