



Brockton Retirement Board  
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## CHANGE OF ADDRESS FORM

Name  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

### NEW MAILING ADDRESS

Number and street \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Mobile Phone (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Date of change: \_\_\_\_\_

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

If Active Member complete below:

Department: \_\_\_\_\_ Position: \_\_\_\_\_