

Methuen Contributory Retirement Board

CHANGE OF ADDRESS FORM

NAME:_____ **TEL:**_____

(NEW ADDRESS)

STREET:_____

CITY:_____

STATE:_____ **ZIP CODE:**_____

DATE:_____

SIGNATURE:_____

Please Return This Form To:

**Methuen Retirement Board
41 Pleasant Street, Suite 313
Methuen, MA 01844**

(978) 983-8620