CITY OF PROVIDENCE

ADDRESS CHANGE

I, _____ SSN_____

Hereby inform you that I have moved:

My Old Address is: _____

_____

_____

My New Address is: _____

_____

_____

_____ Please email electronic pay statements to me at the following

email address: _____

_____ _____ _____

Signature Date Telephone Number

RETIREMENT BOARD | EMPLOYEE RETIREMENT SYSTEM
Providence City Hall | 25 Dorrance Street, Room 409, Providence, Rhode Island 02903
401 421 7740 ph | 401 453 6175 fax
www.providenceri.com