



CITY OF PROVIDENCE

ADDRESS CHANGE

I, _____ SSN _____
(Retiree Name)

Hereby inform you that I have moved:

My Old Address is: _____

My New Address is: _____

Signature Date Telephone Number

ACKNOWLEDGMENT

County of _____,

State of _____:

On this _____ day of _____, 20____ the member named above _____

Known to me to be the person described in and who executed the forgoing instrument acknowledged that ____he executed the same and being duly sworn by me made oath that the statements made herein are true.

Notary Signature _____ Commission Expiration _____