

**LOWELL RETIREMENT BOARD
375 MERRIMACK STREET
ROOM 3
LOWELL, MA 01852
978-674-4094**

CHANGE OF ADDRESS NOTICE

Please update my address to the following:

NAME: _____

STATUS: **Active** _____ **Retired** _____

SOCIAL SECURITY # (last 4): _____

FORMER ADDRESS: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____

Signature: _____ **Date:** _____