



## Watertown Contributory Retirement System

### CHANGE OF ADDRESS FORM

*(Please print clearly)*

<b>Name:</b>	
<b>Street Address:</b>	
<b>Apartment or P.O. Box:</b>	
<b>City/State/Zip:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Effective Date:</b>	

<b>Signature:</b>	
<b>Date:</b>	

Miscellaneous Information:


RETIREE

BENEFICIARY