

TOWN OF BARRINGTON

ADDRESS CHANGE

Date: _____

Name: _____

Change of Address

Old address: _____

New address: _____

Change of Phone Number

Old phone number: _____

New phone number: _____

Signature

Official Use Only

Check off list to notify of change:
Where Applicable

- ____ BudgetSense
- ____ Blue Cross
- ____ Delta Dental
- ____ Retirement
- ____ ICMA
- ____ TIAA CREFF