



TOWN OF SANDWICH

Treasurer

**130 Main Street
Sandwich, MA 02563**

Ph: 508-888-6508

Fax: 508-888-8655

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____

PREVIOUS ADDRESS: _____

Town: _____ **State:** _____ **Zip:** _____

NEW ADDRESS: _____

Town: _____ **State:** _____ **Zip:** _____

MAILING ADDRESS: **(PO BOX)** _____

(If Different)

Town: _____ **State:** _____ **Zip:** _____

HOME PHONE: () _____ **CELL PHONE:** _____

EMPLOYEE SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

COPY TO ACCOUNTING ()

GBS, LIFE, RETIRMENT ()

UPDATE SYSTEM ()

RECEIVED BY: _____

DATE: _____