



Town of Braintree
Contributory Retirement System

74 Pond Street, 2nd Floor
Braintree, MA 02184

CHANGE OF ADDRESS FORM

Please Print Neatly

Name: _____

Prior Address:

Prior Phone: _____

New Address:

New Phone: _____

Email Address: _____

Please change my mailing address effective _____ (please fill in date)

Signature: _____

Date: _____