

CITY OF BOSTON
CHANGE OF ADDRESS FORM

Please fill out all information completely.

Sign, date and mail form to: **Boston City Hall
Room 807
Boston, MA. 02201**

You may fax it to: **617-635-3932**

Please allow up to 2 weeks for the address change to take effect.

EMPLOYEE ID#: _____

EMPLOYEE NAME: _____

I have _____ Health Insurance.

Previous Address: _____

New Address: _____

SIGNATURE OF EMPLOYEE

DATE