



TOWN OF SAUGUS

298 Central Street
Saugus, Massachusetts 01906

CHANGE of NAME/ADDRESS FORM

To be completed and submitted to any of the offices listed below:

Administrative Services
Fax (781) 231-5666

Accounting/Payroll
Fax (781) 231-7654

Retirement Office
scrs@saugusretirement.org

School H.R.
Fax (781) 231-7569

ACTIVE EMPLOYEE

RETIREE

CONTRACTOR/VENDOR

NAME _____

DEPARTMENT _____

XXX-XX-
SOCIAL SECURITY/VENDOR NUMBER _____

DATE _____

NAME CHANGE: *(Please print)*

OLD NAME _____

NEW NAME _____

NOTE: Legal proof of name change MUST be attached (i.e. copy of social security card)

ADDRESS CHANGE: *(Please print)*

NEW ADDRESS _____

NEW HOME PHONE NUMBER _____

NEW CELL PHONE NUMBER _____

NEW EMAIL ADDRESS _____

SIGNATURE _____

FOR OFFICE USE ONLY:

PAYROLL/ACCOUNTING

PERSONNEL

RETIREMENT

SCHOOL DEPT