

**SAUGUS CONTRIBUTORY RETIREMENT SYSTEM
25R MAIN STREET, TOWN HALL ANNEX
SAUGUS, MA 01906
781-558-2903 OR 781-558-2892**

REQUEST TO PURCHASE CREDITABLE SERVICE (BUY BACK)

Name: **(please print)**: _____

Social Security #: _____

Number & Street: _____

City/State/Zip Code: _____

Agency Employed now: _____

Start date: _____ Work Phone Number: _____

If you worked under another name, (ex. Maiden name, etc.), please advise: _____

Service you wish to purchase

Agency where employed	Dates of Service	Was service refunded?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Date: _____

If planning to retire please give approximate date: _____