



# **TOWN OF BELLINGHAM**

## **Human Resources Department**

Denis C. Fraine Municipal Center

10 Mechanic Street, Bellingham, MA 02019

TEL: (508) 966-2967 FAX: (508) 966-4303

### CHANGE OF ADDRESS FORM

NAME: \_\_\_\_\_  
\_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

(include PO Box): \_\_\_\_\_  
\_\_\_\_\_

NEW HOME ADDRESS: \_\_\_\_\_

If different from mailing address \_\_\_\_\_  
\_\_\_\_\_

NEW TELEPHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

Signature of employee: \_\_\_\_\_ DATE: \_\_\_\_\_

Failure to supply the current information may cause a delay in important tax information. Please forward to the Human Resources Department. Thank you.