



## City of Kalamazoo Retiree Address Change Form

Effective Date of Change: _____		
Name: _____		
(First)	(Middle)	(Last)
Street Address: _____		
City: _____	State: _____	Zip Code: _____
E-mail Address: _____		
Telephone Numbers	Home: (     ) -	
	Cell: (     ) -	
Comments: _____		
Retiree Signature (required): _____		



**Questions? Call 269-337-8472**

Please return this form to:

In person or via mail: City of Kalamazoo  
Retirement Services  
241 W South St Kalamazoo, MI  
49007

via fax: 269-337-8448

via e-mail: [pension@kalamazoocity.org](mailto:pension@kalamazoocity.org)