

**CITY OF PONTIAC
RETIREMENT DIVISION
2201 AUBURN ROAD – SUITE B
AUBURN HILLS, MI 48326
PHONE: (248) 456-0523
FAX: (248) 456-0504**

CHANGE OF ADDRESS/PHONE NUMBER

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO: _____ **XXX-XX-**
Please provide last 4 digits of social security number

SIGNATURE: _____