

(REV.09/2018)

**CITY OF NEW ORLEANS  
EMPLOYEES' RETIREMENT SYSTEM  
1300 PERDIDO STREET, ROOM 1E12  
NEW ORLEANS, LA 70112  
(504) 658-1850**

**NOTICE OF CHANGE OF ADDRESS  
FOR OUTSIDE BOARDS EMPLOYEE**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                    PRINT NAME

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

NEW ADDRESS \_\_\_\_\_  
\_\_\_\_\_

(Residential)

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

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

**SIGNATURE OF OUTSIDE MEMBER:** \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

**WITNESSES: THIS DOCUMENT MUST BE WITNESSED BY TWO PERSONS.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP