



*Town of Salisbury*  
*5 Beach Road*  
*Salisbury, Massachusetts 01952*

James J Ryan  
Chief Aide to the Town Manager

**Change of Address Form**

**Old Address**

\_\_\_\_\_  
Number/Street                      Unit                      City/Town                      State                      Zip Code

**New Address**

\_\_\_\_\_  
Number/Street                      Unit                      City/Town                      State                      Zip Code

Change Address with Town's Health Insurance Carrier    Yes                      No

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date