



Kalamazoo County

Retiree Address Change

Date: _____

Retiree Name: _____

New Address Information:

Street Address _____

Apt # _____

City _____

State _____

Zip Code _____

Home email address (this information is optional) _____

Phone # _____

Cell Phone # _____

Retiree's Signature _____

Date _____

INSTRUCTIONS:

Please complete this form and send it to Human Resources via:

- EMAIL to payroll@kalcounty.com, or
- FAX to 269-384-8099, or
- MAIL to Human Resources Department; 201 West Kalamazoo Avenue; Kalamazoo, MI 49007