



Retiree Contact Information

Retiree Name: _____

Spouse Name: _____

Effective _____, my contact information will be as follows:

Address: _____

Phone: _____

Email: _____

Please check one:

Yes, I would like my contact information on a retiree roster to be shared with other retirees and/or current employees of the City of Troy.

No, I do not wish for my information to be placed on a shared roster.

Retiree Signature: _____

Return form to the Finance Department