

**United Union of Roofers Local 154**  
**Change of Address Form**

**Please return completed form to:**

Marshall & Moss Admin Services  
1400 Old Country Rd, Suite 406  
Westbury, NY 11590

Phone: 516-209-4016  
Fax: 516-333-9039

For your own protection, change requests must be in writing and signed by you. No changes can be accepted by telephone or e-mail. This form *must* be complete with an attached copy of a driver's license or photo ID, or otherwise not accepted. If you need to provide us with additional relevant information, please attach a separate sheet.

**Please indicate your Change of Address Option selection by putting a check mark in the appropriate box(es) below:**

<b>1</b>	<input type="checkbox"/> <b>Request of Change of Address for Residence</b>
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Please make the address change shown below, effective as of this date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number	Work Phone Number
( )	( )

<b>2</b>	<input type="checkbox"/> <b>Request of Change of Address for mailing of a document and/or check</b>
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Please make the address change shown below, effective as of this date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number	Work Phone Number
( )	( )

Participant Signs Here: \_\_\_\_\_ Date: \_\_\_\_\_