



**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 Lisa R Burnham, Finance Department