

**MT. BLUE REGIONAL SCHOOL DISTRICT  
OFFICE OF THE SUPERINTENDENT  
227 MAIN STREET  
FARMINGTON, ME 04938**

HR: \_\_\_\_\_  
PR: \_\_\_\_\_  
AP: \_\_\_\_\_

**CHANGE OF ADDRESS FORM**

**PLEASE PRINT CLEARLY**

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

Employee ID number: \_\_\_\_\_

Position: \_\_\_\_\_ Primary Location: \_\_\_\_\_

**New Contact Information**

**Mailing Address:**

Street or PO Box: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone number:** Please verify your phone numbers (include area code):

cell phone \_\_\_\_\_

home phone \_\_\_\_\_

Effective date of change: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete, sign, and submit to the Superintendent's Office.

***\*We will update the employee's address and phone numbers in the RSU 9 databases only***

It is the employee's responsibility to contact Anthem, Delta Dental, Maine State Retirement System, 403 (b) accounts, etc.