CAMBRIA COUNTY RETIREMENT SYSTEM
CHANGE OF ADDRESS FORM

Retiree Name: _____

DOB: _____

Old Address: _____

_____

_____

Phone # _____

Effective Date _____

New Address _____

_____

_____

Phone # _____

Please print & mail the form to:

Cambria County Controller's Office
200 South Center St.
Ebensburg, PA 15931
Attn: Dana Descavish