

CITY OF BRIDGEPORT  
TREASURER'S OFFICE  
FIRE, POLICE AND CUSTODIAL CHANGE FORM

DATE: \_\_\_\_\_

Initialed By: \_\_\_\_\_

Please check the space which applies to you:

Fireman: \_\_\_\_\_ Fire Widow: \_\_\_\_\_ Police Officer: \_\_\_\_\_ Police Widow/Widower \_\_\_\_\_

Custodian/Engineer \_\_\_\_\_

Please change my: Address \_\_\_\_\_ Federal Withholding \_\_\_\_\_ CT State Withholding \_\_\_\_\_

Other \_\_\_\_\_

Social Security Number or Employee Number \_\_\_\_\_

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

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

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

How May We Contact You Other Than the Above Information:

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Relative Phone Number: \_\_\_\_\_

(If Relative, please list Name and Relationship to you)

Tax Changes:

Federal Withholding From: \_\_\_\_\_ To: \_\_\_\_\_

CT State Withholding From: \_\_\_\_\_ To: \_\_\_\_\_

Other Changes Not Listed:

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please note for Credit Union Changes, please call your credit union directly.