

**MIDDLESEX COUNTY RETIREMENT SYSTEM  
MEMBER UNIT CONTACT INFORMATION FORM  
TREASURER**

TREASURER'S NAME:

STATUS:      Permanent:                      Temporary:                      Acting:

NAME OF UNIT:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMER:

E-MAIL ADDRESS:

PLEASE INDICATE BELOW IF CONTACT INFORMATION IS DIFFERENT FROM ABOVE. INCLUDE CONTACT NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL.

MAIL FORM'S TO:                      MIDDLESEX COUNTY RETIREMENT SYSTEM  
25 LINNELL CIRCLE  
P.O. BOX 160  
BILLERICA, MA 01865

FAX FORM'S TO:                      978-439-3050

EMAIL FORM'S TO:                      MIDDLESEXRETIREMENT.ORG