

APComPower Inc.

Dept. 2902-2423

2000 Day Hill Road

Windsor, CT 06095

CHANGE OF ADDRESS FORM FOR DISCHARGED
EMPLOYEES

FULL NAME: _____

SS# (Last 4 Digits) **XXX-XX-**

OLD ADDRESS: _____

NEW ADDRESS: _____

DATE

SIGNATURE

Fax to (860) 285-5743 or mail to above address.