

FOX VALLEY LABORERS FUND OFFICE  
2371 Bowes Road, Suite 500  
Elgin, IL 60123-5523

## CHANGE OF ADDRESS FORM

Participant's Name: \_\_\_\_\_  
(Please Print)

FVL#: \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

Local Union #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. / Suite: \_\_\_\_\_

City: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I authorize the Fox Valley Laborers Fund Office to change my records as indicated above.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date Signed

Return form via:

- Mail: to above address
- Fax: (847) 742-4430
- Email: [customerservice@fvlab.com](mailto:customerservice@fvlab.com)