NOTIFICATION OF CHANGE IN LOCAL AFFILIATION

COMPANY NAME: _____ LOCAL NO.: _____ PROCESSING UNIT NO.: _____

PLEASE NOTIFY THE COMPANY TO CORRECT ITS RECORDS AS FOLLOWS:

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	WORK LOCATION OR PAYROLL CODE	LOCAL CHANGE EFFECTIVE DATE	EXPLANATION	FOR DISTRICT USE ONLY Correct Local Jurisdiction
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SUBMITTED BY: _____ TITLE: _____ DATE: _____
(Local Officer's Signature)

DISTRICT - WHITE COPY **LOCAL - YELLOW COPY**

MLO-121 Revised 7/96