

MOVING?

**PLEASE COMPLETE THIS FORM AND RETURN TO:
ISLAND CURRENT, P.O. BOX 6, CITY ISLAND, NY 10464**

NAME _____

OLD ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP _____

NEW ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP _____

PLEASE ALLOW 6-8 WEEKS FOR CHANGE TO TAKE EFFECT.