

# CITY OF FORT LAUDERDALE

## POLICE AND FIRE RETIREMENT SYSTEM

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### Change of Address Form

(Please Print)

Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Department: Police \_\_\_\_\_ Fire \_\_\_\_\_ Employee # \_\_\_\_\_

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Active  | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Survivor |
| <input type="checkbox"/> Vested  |                                   |

Previous Address: \_\_\_\_\_

Change to:

New Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:*  
*Cc: Payroll; Risk; Personnel; Retiree Assoc.*  
*For Police cc: FOP*  
*For Fire cc: Fire Admin*  
*Changed for Plan: on \_\_\_\_\_ by \_\_\_\_\_*