

# 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 \_\_\_\_\_ Emp# \_\_\_\_\_

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <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: Vida-Payroll; John G.-Risk; Personnel; Retiree Assoc. For*

*Police cc: Charlene – FOP*

*For Fire cc: Valerie – Fire Admin*

*Changed in MARC: on \_\_\_\_\_ by \_\_\_\_\_*