

CITY OF FORT LAUDERDALE

POLICE AND FIRE RETIREMENT SYSTEM

Change of Address Form

(Please Print)

Name: _____

Effective Date: _____

Department: Police _____ Fire _____

- | | |
|----------------------------------|-----------------------------------|
| <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; Rachel-Risk; Fitima-Personnel; Clara-Retiree Assoc.

For Police cc: Linda and Barbara – FOP

For Fire cc: Valerie – Fire Admin

Changed in Access: on _____ by _____