



OFFICE OF RETIREMENT
POLICE OFFICERS' RETIREMENT SYSTEM

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City of Hollywood
Police Officers' Retirement System

CHANGE OF ADDRESS FORM

Effective Date : _____

Member Name: _____

New Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pager: _____

Fax: _____ Cellular: _____

E-mail Address: _____

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (*or their designee*) should there be any other change(s) in the future that may affect the accuracy of this form.

Member's Signature

_____/_____/_____
Date

CC TO: S Lane, City of Hollywood, HR

Office use only

Updated/Entered By: _____

Date: _____

Bank Representative Notified (if applicable)

Date: _____