

**CHANGE OF ADDRESS**

FIREFIGHTER       POLICE OFFICER

MEMBER NAME: \_\_\_\_\_  
(Please Print Name)

**NEW INFORMATION**

EFFECTIVE DATE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_      CELL PHONE: (    ) \_\_\_\_\_

FAX: (    ) \_\_\_\_\_      PAGER: (    ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

The foregoing information revokes any and all prior data provided to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees in writing, should any change be necessitated in the future that would affect the information set forth in this form.

⇒ \_\_\_\_\_  
Employee Signature

⇒ \_\_\_\_\_  
Witness

⇒ \_\_\_\_\_  
Date

\_\_\_\_\_ Database Entry:  
\_\_\_\_\_ (Initials)      \_\_\_\_\_ (Date)