

**CITY OF BOCA RATON
POLICE & FIREFIGHTERS' PENSION PLAN
RETIREE CHANGE OF ADDRESS**

From: _____
Print Name Clearly

My on-file home address, telephone number(s), and email address is:

Please change my home address, telephone number(s), and email address as follows:

In Care of (if you are living with someone else)

In Care of (if you are living with someone else)

Street Address

Street Address

City, State and Zip Code

City, State and Zip Code

P. O. Box (if applicable)

P. O. Box (if applicable)

City, State, Zip Code of P O Box

City, State, Zip Code of P O Box

Home # / _____
Cell #

Home # / _____
Cell #

Email Address

Email Address

IF NOT RETURNING IN PERSON, THE FORM MUST BE NOTARIZED

SIGNATURE OF MEMBER _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public

NOTARY SEAL

Print, Type or Stamp Name

Personally known

Produced identification of the following type: _____.

FOR OFFICE USE ONLY:

Notarized in the Pension Office

NOTARY SHALL NOT BE A RELATIVE

**Please return to: City of Boca Raton Police & Firefighters' Pension Plan
201 W. Palmetto Park Rd., Suite 230
Boca Raton, FL 33432
Phone: 561-544-8520 Fax: 561-347-5175**