



**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

**Office use only**

Updated/Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Bank Representative Notified (if applicable)*

Date: \_\_\_\_\_