

REQUEST FOR CHANGE OF ADDRESS

Please return completed form to: Police and Fire Pension Board City of Tacoma PO Box 11001 Tacoma, WA 98411

Please change my residence and/or mailing address to the following:

PRINT LAST NAME	FIRST NAME	MIDDLE INITIAL
RESIDENCE ADDRESS		
CITY	STATE	ZIP CODE
MAILING ADDRESS		
CITY	STATE	ZIP CODE
(AREA CODE) HOME PHONE	(mandatory) C	ELL PHONE (optional)
Email Address (Please print caref	fully)	
Please make this chang	e effective	
If the Union or Retirement As you wish us to provide that i	ssociation requests your updated a information? ☐ Yes ☐ No	address and phone number, do
Signature:		

If you are a LEOFF 1 member, please notify the State Department of Retirement Systems in Olympia of your address change (360-664-7000 or toll-free at 1-800-547-6657).