

**CHANGE OF ADDRESS REQUEST**

**To: Board of Trustees  
Pompano Beach Police & Firefighters' Retirement System  
50 NE 26th Avenue, Suite 302  
Pompano Beach, FL 33062  
(954) 782-4161**

**This is to notify you of my change of address:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*\* Attention FIREFIGHTER Retirees Only\*\*\*\*\***

**If you are a retired firefighter, your address will be provided to the Board of Trustees of Firefighters' VEBA Plan. If you would prefer that your address NOT be provided to your VEBA Plan, then please check here \_\_\_\_\_.**