

**CITY OF OCALA RETIREES
PENSION DEPARTMENT**

CHANGE OF ADDRESS FORM

Previous Address: _____

New Address: _____

Name(Print) Member: _____

AND/OR

Name(Print) Guardian: _____

AUTHORIZATION: I hereby authorize the Pension Office to update my address. This form supersedes any information previously provided.

Signature: _____

Date: _____

Comments: _____

TO SUBMIT BY E-MAIL CLICK _____, OR MAIL TO THE ADDRESS BELOW

Processing:

Date received: _____ **Date updated:** _____ **Verified by:** _____

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