



CHANGE OF ADDRESS FORM (CURRENT DROP PARTICIPANTS ONLY)

Name: _____
Last First M.I.

Social Security Number (Last four digits): _____

PLEASE NOTE:

This Change of Address request will **ONLY update your mailing address** with Los Angeles Fire & Police Pensions. You must **ALSO** update your address with your employing department by using the appropriate forms:

Police Department Personnel	(213) 486-4630	Form 138
Fire Department Personnel	(213) 978-3750	Form F-8
Harbor Department Personnel	(310) 732-3480	"Change of Employee Personal Information Form"
Airport Police Personnel	(424) 646-5900	"Change of Employee Personal Information Form"

OLD ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

CHANGE TO (NEW ADDRESS):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Member Signature: _____ **Date:** _____

**If you have any questions regarding this form, please contact the
DROP/Service Pensions Section at:**

**Los Angeles Fire and Police Pensions
Attn: DROP/Service Pensions Section
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013**

Telephone: (213) 279-3100 or (844) 88-LAFPP (52377) Ext. 93100

Fax: (213) 628-7716

Email: dropsp@lafpp.com