



**VERIFICATION LETTER REQUEST**  
(DROP PARTICIPANTS OR NEWLY RETIRED MEMBERS ONLY)

Name: \_\_\_\_\_  
Last First M.I.

Social Security Number (Last four digits): \_\_\_\_\_

I am requesting a Verification Letter for  **DROP**  **Service Pension**

**ONLY** check this box and complete the section below if you are requesting a copy of your Verification Letter to be emailed to the following:

Business Name: \_\_\_\_\_ Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Preferred Method to receive your Verification Letter:**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Check here to update your mailing address, telephone and/or email with LAFPP.

**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**