



RI Department of Labor and Training

CHANGE OF ADDRESS FORM FOR POLICE AND FIRE FUNDS

For Official Use Only:	
Case #: _____	<input type="checkbox"/> Unix
	<input type="checkbox"/> Mainframe

PLEASE PRINT

Date: _____ Check One: Police Officer Relief Firefighter Relief
mm/dd/yyyy

Name: _____
Last, First, and Middle Initial

OLD ADDRESS: _____
Number and Street, APT., SUITE, P.O. BOX or R.D.Number (In care of)

City, State and Zip Code

Old Phone Number, including Area Code: _____

NEW ADDRESS: _____
Number and Street, APT., SUITE, P.O. BOX or R.D.Number (In care of)

City, State and Zip Code

New Phone Number, including Area Code: _____

Signature _____

Printed Name _____