



CHANGE OF ADDRESS

- Employees System
- Fire & Police System

PLEASE PRINT THE FOLLOWING **NEW** INFORMATION BELOW:

1. **My NEW address is as follows:**

_____			_____
Name			SSN
_____			_____
Address			Daytime Phone Number
_____	_____	_____	_____
City	State	Zip	Home Phone Number
_____		_____	
Department (if applicable)		Division (if applicable)	

2. New Address is effective: _____
(DATE)

3. Signature

_____	_____	_____
Signature	Your Name (Please Print)	Date

4. Return form to: City of Fresno Retirement Office
2828 Fresno Street Suite 201
Fresno, CA 93721-1327

5. If you have any questions, please call (559) 621-7080.

FOR RETIREMENT OFFICE USE ONLY

RECEIVED By: _____ Date entered into PENSIONGOLD: _____ INITIALS: _____