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**NOTICE OF CHANGE OF ADDRESS**

_____ Participant Name	_____ Participant SSN
_____ New Mailing Address	_____ Member Name/SSN (if not Participant)
_____ City, State, Zip Code	_____ City of Membership
_____ Telephone	_____ Email

**I, the undersigned, do hereby notify the Oklahoma Police Pension and Retirement System of the above referenced change of my mailing address and authorize the System to update my records accordingly.**

_____ Participant Signature	_____ Date
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**TO BE COMPLETED BY MUNICIPALITY:** *(Only if change is reported by the employer of an actively participating member)*

_____ Authorized City Official	_____ Position/Title
(      ) _____ Telephone	_____ Email
_____ Signature	_____ Date