

**CITY OF OCALA RETIREES  
PENSION DEPARTMENT**

**CHANGE OF ADDRESS FORM**

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name(Print) Member:** \_\_\_\_\_

**AND/OR**

**Name(Print) Guardian:** \_\_\_\_\_

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

**AUTHORIZATION:** I hereby authorize the Pension Office to update my address. This form supersedes any information previously provided.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

TO SUBMIT BY E-MAIL CLICK \_\_\_\_\_, OR MAIL TO THE ADDRESS BELOW

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**Processing:**

**Date received:** \_\_\_\_\_ **Date updated:** \_\_\_\_\_ **Verified by:** \_\_\_\_\_

110 SE Watula Ave, Ocala FL 34471

RetireesCorner@ocalafl.org  
352-629-8372