



# City of Austin Police Retirement System

## REQUEST FOR ADDRESS CHANGE

TO: Austin Police Retirement System  
2520 South IH 35, Suite 100  
Austin, TX 78704

**I authorize the City of Austin Police Retirement System to change my address and other contact information to the following:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Social Security Number (required)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature Date