

Village of Lyons Police Pension Fund

Address Change Form

Date: _____

Pensioner's name: _____

I, will be moving to the new address of:

Phone Number: _____

Date this move will be effective: _____

Signature

Notary Public's Signature and Stamp

*****This form must be signed in the presence of a Notary Public*****

Return this form via certified mail to: **Village of Lyons Police Pension Fund**
4200 S Lawndale Avenue
Lyons, IL 60534
Attention: Pension Board President