

Los Angeles Firemen's Relief Association P. O. Box 41903 Los Angeles, CA 90041 (800) 244-3439 or (323) 259-5200 www.lafra.org

Retirement Notification

Member Information:

Member's Full Name:					
Address:		City:		State:	Zip:
Telephone Number:	Personal Em	mail Address:			
Fire Department hire date:			Retirement Date:		
Rank at Retirement:			Pension:	Service	
Station/Shift:				Disability	
Are you planning on having a retirement event?					
☐ Yes ☐ No					
If yes, would you like to have your badge presented by a LAFRA representative at your event? \square Yes \square No					
Date:					
Signature:	Dat	te:			