



OPD RETIREE'S ASSOCIATION

Name:

Mailing Address:

City:

State:

Zip:

Home Phone No:

Work No.

e-mail:

Date of Retirement:

Rank/Position upon retirement:

May we provide your name and address to other retirees?

Yes:

No:

**WE WOULD LOVE TO KNOW HOW YOU ARE SPENDING YOUR RETIREMENT.
PLEASE SHARE WITH US.**

Any Suggestions or Comments:

Signature:

**PLEASE RETURN FORM TO: Orlando Police Department
Criminal Investigations Division
Guy Ann Sheffield, Administrative Assistant
100 South Hughey Avenue
Orlando, Fl. 32801
(407) 246-2994**

OR FAX TO:

| For Internal Use Only: | |
|------------------------|-------|
| Date Received OPD | _____ |
| Entered in Master File | _____ |
| Made Address Label | _____ |
| Entered in e-mail File | _____ |