Fresno County Employees' Retirement Association

REQUEST FORM

Date:	Current Department:			
Fresno Count 7772 N. Palm Fresno, CA 93		OR	Stop #40	
NAME:			_	
SSN:	(Only necessary when requesting information p	ertaining to your personal file)	_	
ADDRESS:	(Only necessary when requesting information p	ertaining to your personal mey	_	
			_	
PHONE:			Check here if you are requesting a letter and would like to receive a call when it is ready for pick up	
REQUEST:				
		_		
SIGNATURE:			DATE STAMP	
PRINT NAME:				
DECEIVED BV.				