



VERIFICATION LETTER REQUEST
(DROP PARTICIPANTS OR NEWLY RETIRED MEMBERS ONLY)

Name: _____
Last First M.I.

Social Security Number (Last four digits): _____

I am requesting a Verification Letter for **DROP** **Service Pension**

ONLY check this box and complete the section below if you are requesting a copy of your Verification Letter to be emailed to the following:

Business Name: _____ Representative Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Fax: _____ Email: _____

Preferred Method to receive your Verification Letter:

Email: _____

Mail: Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Check here to update your mailing address, telephone and/or email with LAFPP.

Member Signature: _____ **Date:** _____

**If you have any questions regarding this form, please contact the
DROP/Service Pensions Section at:**

**Los Angeles Fire and Police Pensions
Attn: DROP/Service Pensions Section
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013**

Telephone: (213) 279-3100 or (844) 88-LAFPP (52377) Ext. 93100

Fax: (213) 628-7716

Email: dropsp@lafpp.com