Los Angeles
Fire & Police Pensions
TO SERVE THOSE WHO PROTECT

DROP REVOCATION NOTICE

Date:

Board of Fire and Police Pensions Commissioners
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013

Honorable Board Members:

Please be advised that I no longer intend to enroll in the DROP program and wish to rescind my election to participate in DROP by revoking my DROP Application Form.

My DROP entry effective date is_____. I understand that if I do not revoke my election prior to the DROP entry effective date, my decision to enter DROP and to terminate sworn employment at the end of the DROP period will become final, binding and irrevocable. This Notice is being submitted by me (check one of the following)

a. ☐ in person at 701 E. 3rd Street, Suite 200, Los Angeles, CA 90013, no later than 5:00 p.m. the day prior to the DROP entry effective date, or

b. ☐ via fax to (213) 628-7716, no later than 11:59 p.m. the day prior to the DROP entry effective date.

Furthermore, I understand that I am responsible for confirming receipt of the Notice prior to the DROP entry effective date, and signature thereupon, by administrative staff of Los Angeles Fire and Police Pensions (LAFPP) in order to establish the effective date of revocation. I may call the DROP/Service Pensions Section at (213) 279-3100 during normal business hours (Monday-Friday, 8AM to 5PM except holidays) to establish the same.

Very truly yours,

Signature	Last Name	First Name	MI

XXX-XX-_____
Social Security No. (Last 4 digits)

_____ _____
Administrative Staff Member Date