WASHINGTON COUNTY LOSAP
Change of Name/Address Form

HOW TO USE THIS FORM

Use this form to change your address and personal information in the LOSAP Program at all Companies you volunteer at. Provide this form to your LOSAP Coordinator so that your information can be updated.

If you are currently receiving benefits through the LOSAP program, also provide a copy to the Washington County Volunteer Fire & Rescue Association, so that your check or direct deposit can be updated. You can fax the Association Copy to 301-714-0832.

For a Name Change Please Enter your old Name below and your new name on the lower Name Line. If you are not changing your name please use the lower name line.

Name Change

Old Name: __________________________ First Name: _______________ MI: ___

Date: ______________________

Current Name without change or New Name if Name Change

Last Name: ________________________ First Name: _______________ MI: ___

Social Security Number: ___________________________ DOB: ________________

Address: ________________________________

City/Town: __________________________ State: _______ Zip Code: _______

Home Phone: __________________________ Cell Phone: ___________________

Email Address: ________________________________

Received ___________________ Date/Time Processed by Association_________________ Initials_____