



WASHINGTON COUNTY LOSAP CHANGE OF 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. Association copy can be faxed to 301-714-0832.

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ DOB: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____