



WASHINGTON COUNTY LOSAP CHANGE PRIMARY COMPANY AFFILIATION FORM

HOW TO USE THIS FORM

Use this form to change where you receive want to receive your LOSAP & TAX SUBTRACTION MODIFICATION FORMS.

FAX this FORM to WCVFRA at 301-714-0832

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ DOB: _____

I am currently receiving my forms at Company _____, please change this, so that my forms will now go to Company _____.

_____ Date: _____

(Volunteers Signature)