

## OKLAHOMA FIREFIGHTERS PENSION & RETIREMENT SYSTEM 4545 N. Lincoln Blvd., Suite 265

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## NOTICE OF TERMINATION FROM FIRE DEPARTMENT

| NAME:   | DEPT:           |
|---|-----------------|
| SSN:  | COUNTY:         |
| STATUS: PAID VOLUNTEER                              | CODE:           |
| DATE OF TERMINATION:                                | <del> </del>    |
| REASON: Check One:                                  |                 |
| Illness Military Other Disciplinary (Possible legal |                 |
|   | Signature       |
|   | Title           |
|   | ()<br>Telephone |

This is treated as confidential information pusuant to  $\S 49-122.6$  of Title 11 of the Oklahoma Statutes.