



# SUFFOLK COUNTY POLICE CONFERENCE

*"Proud of Our Police"*

**YOU HAVE ONE (1) YEAR FROM RETIREMENT DATE TO SUBMIT FORM**

## Retirement Application

Name	<input type="text"/>	Rank	<input type="text"/>	Date	<input type="text"/>
Retirement Address	<input type="text"/>			Phone	<input type="text"/>
Email	<input type="text"/>	Department	<input type="text"/>	Retirement Date	<input type="text"/>

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**For Official Use Only - Do Not Write Below This Line**

Amount Due	<input type="text"/>	Date	<input type="text"/>
Approved By	<input type="text"/>		
Notes	<input type="text"/>		

PLEASE ALLOW SIX MONTHS FOR PAYMENT

Please Mail Completed Form To:

Suffolk County Police Conference  
500 Expressway Drive South  
Brentwood, NY 11717