



CITY OF FALL RIVER
1 Government Center
Fall River, MA 02722
(508) 324-2200

RERETIREMENT BUYBACK REQUEST

DATE REQUESTED: _____

MAIDEN NAME: _____
Last *First*

CURRENT NAME: _____

HOME/CELL PHONE: _____

DEPARTMENT/PROGRAM WORKED: _____

LENGTH OF ELIGIBLE SERVICE: YEAR(S) _____ MONTH(S) _____

Please be advised that this request will be used to look up service time provided to the COFR by the employee. However, if the information provided is deemed inaccurate the employee will have to submit a new request. Due to the volume of buyback the new request provided to us will be addressed in the order in which it was received. We apologize for any inconvenience.

EMPLOYEE SIGNATURE: _____

SUPERVISER SIGNATURE: _____