



**SERVICE AWARD PROGRAM  
CHANGE OF ADDRESS**

P.O. Box 5670  
Cortland, NY 13045  
Phone: (800) 822-3747  
Fax: (607) 756-5051  
Email: losap@  
mcneilandcompany.com

Fire Department Service Award Name: \_\_\_\_\_ Service Award SSN: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Effective \_\_\_\_\_, please change my mailing address

From:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Address of Member Participant

\_\_\_\_\_  
Signature of Signature Participant

\_\_\_\_\_  
Date Signed

**Return to:**  
LOSAP Administrator  
McNeil and Company  
PO Box 5670  
Cortland, NY 13045