RS-0561-0901

PFRS CONTRACT INFORMATION

Individual and Collective Agreements and Contracts Covering Employees Enrolled in the Police and Firemen's Retirement System

_____ _____

(Employer Name) *(Employer PFRS Number)*

Agreement or Contract	# of Employees Covered	Contract Period (from/to dates)

The name, address, and telephone number of the individual to whom questions should be addressed about the agreements listed above is as follows:

_____
(Name)

_____
(Title)

_____
(Address)

_____
(Address)

_____
(Telephone)

Form completed by:

Name _____

Title _____

Date _____

Return this form to:

Division of Pensions and Benefits
Attn: External Audit Unit
P.O. Box 295
Trenton, NJ 08625-0295