Print Form

Oklahoma Firefighters Pension and Retirement System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

Notice of Termination From Fire Department

Firefighters Name _____ **SSN** _____

Department _____ **Fire Dept. County (if applicable)** _____

☐ PAID ☐ VOLUNTEER Date of Termination _____

Office Use Only:
City Code

Reason: (Check One)

☐ Disabled (Line of Duty or Otherwise)

☐ Military

☐ Resigned

☐ Other

☐ Disciplinary (Possible legal action pending)

_____
Fire Chief's Signature

_____
Fire Chief's Printed Name

_____
Fire Chief's Phone Number

This is treated as confidential information pursuant to §49-122.6 of Title 11 of the Oklahoma Statutes.