

Resigned
10-18-65

Case # 110

CHANGE OF ADDRESS CARD*

NAME: [Handwritten Name] ID # 1554

STREET AND NO. [Handwritten Address]

TOWN [Handwritten Town] TEL. NO. [Handwritten Number]

DIVISION 102 3-2-64 BUREAU OR STATION

DATE: [Handwritten Date] RANK [Handwritten Rank]

*This card is for police officers only. A new card will be made each time there is a change of address or telephone number, and attached to the change-of-address memorandum.