



SHERIFF
JEFFREY J. DAWSY



CITRUS COUNTY SHERIFF'S OFFICE

Member Status Change / Information Update

Name: _____

Unit: _____

Date of Change: ____/____/____

Type of Change: ____ **Resigned**

____ **Transferred To:** _____

____ **Leave of Absence**

____ **Deceased**

____ **Terminated (by the order of the Director of Staff Services)**

____ **Change of Address / Phone #**

Street: _____

City: _____

Zip Code: _____

Phone: (____) _____ - _____

Director or Designee Reporting Status Change:

_____ **Date:** ____/____/____

Equipment Returned (If Applicable): ____ **Yes** ____ **No**

If No. Reason? _____

1 DR. MARTIN LUTHER KING JR AVE INVERNESS, FLORIDA 34450-4994 PHONE 352 726-4488