

***Firefighters' Retirement Plan
of the City of St. Louis***

1114 Market Street, Room 900
St. Louis, MO 63101

*Richard R. Frank
Secretary*

Date:

To Whom It May Concern:

Submitted is a signed **Authorization for Medical and/or Hospital Information** form _____, applicant for disability retirement, SS# _____ and date of birth _____.

Please submit copies of medical records concerning his/her disability to Ms. (FRP Rep.) at the Firefighters' Retirement Plan, 1114 Market Street, Suite 900, St. Louis, MO 63101. This information is needed as soon as possible in order that we may schedule him/her to appear before our Medical Board of Examiners.

If additional information is needed, feel free to call our office at (314) 622-3560.

Sincerely,

Richard Frank, Board Secretary

Enclosure