

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

REQUEST FOR HEARING/MISCELLANEOUS ISSUE

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

I hereby request a hearing by the Des Plaines Police Pension Fund Board on the following matter:

for the following reasons:

Signature: _____

This form must be submitted to the President or Secretary of the Des Plaines Police Pension Board, 1420 Miner Street, Des Plaines, IL 60016.