



**RIVERSIDE COUNTY DISTRICT ATTORNEY'S OFFICE
BUREAU OF INVESTIGATIONS**

HR 218 Retiree Information

NAME: _____

ADDRESS: _____

PHONE: _____

DOB: _____

RET. DATE: _____

RANK: _____

Yrs of Service: _____

DL#: _____ STATE: _____

RETIREMENT TYPE: REGULAR/MEDICAL

NOTES: _____

NOTES:

NO HITS OR MATCHES _____ _____ INITIALS _____ DATE

HITS OR MATCHES FOUND _____ _____ INITIALS _____ DATE

DATE HR218 PAPERWORK SENT TO RANGE MASTER _____

DATE HR218 PAPERWORK RECVD FROM RANGE _____

Official's Title & Printed Name

Official's Signature