

MUNICIPALITY INFORMATION FORM

MUNICIPALITY: _____ DATE: _____

MAILING ADDRESS: _____

PHONE NO: _____ FAX NO: _____

WEBSITE: _____

MAYOR: _____ PHONE NO: _____

EMAIL ADDRESS: _____

CLERK: _____ PHONE NO: _____

EMAIL ADDRESS: _____

MERS CONTACT: _____ PHONE NO: _____

EMAIL ADDRESS: _____

ADDITIONAL CONTACT: _____

EMAIL ADDRESS: _____ PHONE NO: _____

Please email to susita@mersla.com or fax to 225-925-4816

To be completed by the retirement system.

MERS REPRESENTATIVE: _____

PLAN A

PLAN B