

7106

RECEIVED
CITY OF CLEARWATER
JAN 11 2019
PAYROLL DIVISION

APPLICATION FOR VESTED RIGHTS PENSION

DAVID E HUFF, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 12/07 to (date of resignation or change of status) 12/2018 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is DECEMBER 2026 02/10/1961

The date I will begin to receive my pension will be DECEMBER 2026.

Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the City.

David E Huff
Signature

Social Security Number

PUBLIC UTILITIES
Department/Division

2073 CHARTER OAKS DRIVE
Street Address

WWTP OPERATOR "A"
Job Classification

CLEARWATER FL 33763
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 11 day of January, 2019 by David E Huff who is personally known to me or who has provided FL Driver Lic as identification and who did/did not take an oath.

[Signature]
Notary Public

Henry Paterson Name of Notary Printed

My commission expires: 4/12/19

APPLICATION FOR VESTED RIGHTS PENSION

Timothy Keene, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) August 4, 1997 to (date of resignation or change of status) January 18, 2019 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is January 16, 1969.

The date I will begin to receive my pension will be February 1, 2024

Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the City.

[Signature]
Signature

Social Security Number

Public Utilities/WW Collection
Department/Division

8113 83RD ST. N
Street Address

Public Utilities Tech III
Job Classification

Seminole FL 33777
City, State, Zip Code

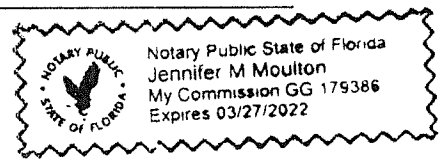
STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 4th day of January, 2019 by Timothy Keene who is personally known to me or who has provided FL CDL as identification and who did/did not take an oath.

Jennifer M. Moulton Notary Public

Jennifer M. Moulton Name of Notary Printed

My commission expires: _____



4604

APPLICATION FOR VESTED RIGHTS PENSION

Christine Schlerf, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) May 22, 2000 to (date of resignation or change of status) December 18, 2018 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is _____.

The date I will begin to receive my pension will be January 1, 2022

Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the City.

[Signature]
Signature

Social Security Number

Human Resources/Recruit+Select
Department/Division

Street Address

Human Resources Manager
Job Classification

City, State, Zip Code

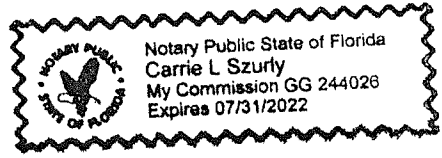
STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 28 day of December, 2018 by Christine Schlerf

who is personally known to me or who has provided FL Driver License as identification and who did/did not take an oath.

[Signature] Notary Public
Carrie L. Szurly Name of Notary Printed

My commission expires: 7.31.2022



3190

APPLICATION FOR VESTED RIGHTS PENSION

Shawn Stafford, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) March 1976 to (date of resignation or change of status) November 2, 2018 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is October 31, 1972.

The date I will begin to receive my pension will be June 1, 2026.

Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the City.

[Signature]
Signature

Social Security Number

Public Communications
Department/Division

1817 Pipers Meadows Dr.
Street Address

Station Manager
Job Classification

Palm Harbor, FL 34683
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 28th day of December, 2018 by Shawn Stafford

who is personally known to me or who has provided _____ as identification and who did/did not take an oath.

Nicole Sprague Notary Public

Nicole Sprague Name of Notary Printed

My commission expires: 6-18-20

