

# APPLICATION FOR VESTED RIGHTS PENSION

Reynold Choo-Chew, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 3/10/2014 to (date of resignation or change of status) 11/21/25, 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 April 30, 1964.

The date I will begin to receive my pension will be May 1, 2029.

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

Parks & Rec  
Department/Division

\_\_\_\_\_  
Street Address

Division Controller  
Job Classification

\_\_\_\_\_  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 19<sup>th</sup> day of November, 2025 by Reynold Choo Chew,

who is personally known to me or has produced \_\_\_\_\_ as identification.

[Signature]

\_\_\_\_\_  
Notary Public (Signature)

Alyssa Gagliardi (Name of Notary Printed)

Commission No. \_\_\_\_\_



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028

APPLICATION FOR VESTED RIGHTS PENSION

Brian Dort, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 11/13/2007 to (date of resignation or change of status) 7/30/2025 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 02/15/1978.

The date I will begin to receive my pension will be 03/01/2033.

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.

Brian Dort  
Signature

\_\_\_\_\_  
Social Security Number

General Services  
Department/Division

\_\_\_\_\_  
Street Address

Licensed Electrician  
Job Classification

\_\_\_\_\_  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 23<sup>rd</sup> day of Oct., 2025 by Brian T Dort, who is personally known to me or has produced FL DL'S as identification.



ALEXIS D. BUTLER  
Commission # HH 474541  
Expires December 18, 2027

AB Butler Notary Public (Signature)

Alexis Butler (Name of Notary Printed)

Commission No. HH474541

# APPLICATION FOR VESTED RIGHTS PENSION

Keith McReynolds, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 5/15/2017 to (date of resignation or change of status) November 12, 2025 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 April 14, 1962.

The date I will begin to receive my pension will be May 1, 2027.

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.

Keith McReynolds  
Signature

\_\_\_\_\_  
Social Security Number

Parks & Rec.  
Department/Division

\_\_\_\_\_  
Street Address

Rec Facilities Supp. Custodian  
Job Classification

\_\_\_\_\_  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 20<sup>th</sup> day of November, 2025 by Keith McReynolds, who is personally known to me or has produced \_\_\_\_\_ as identification.



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028

Alyssa Gagliardi  
Notary Public (Signature)

Alyssa Gagliardi  
(Name of Notary Printed)

Commission No. \_\_\_\_\_

APPLICATION FOR VESTED RIGHTS PENSION

Sean Witherspoon, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 7/19/2010 to (date of resignation or change of status) 11/19/25 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 August 1, 2030.

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

Police / Non-HAZ  
Department/Division

\_\_\_\_\_  
Street Address

Police Service Tech.  
Job Classification

\_\_\_\_\_  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 18th day of November, 2025 by Sean Witherspoon who is personally known to me or has produced \_\_\_\_\_ as identification.

[Signature]  
Notary Public (Signature)

Alyssa Gasliardi  
(Name of Notary Printed)

Commission No. \_\_\_\_\_



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028