

# APPLICATION FOR VESTED RIGHTS PENSION

CARLOS ANDRES CARDENAS, 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) OCTOBER - 8-2012 to (date of resignation or change of status) MARCH 7 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 DECEMBER 29 1973.

The date I will begin to receive my pension will be NOVEMBER 1 2032.

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

PLANNING AND DEVELOPMENT  
Department/Division

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

ELECTRICAL INSPECTOR  
Job Classification

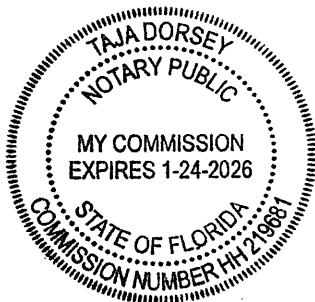
\_\_\_\_\_  
City, State, Zip Code

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this April 8<sup>th</sup> day of April, 2025 by Carlos Cardenas,

who is personally known to me or has produced FLDL 0635-101-73-469-0 as identification.



Taja Dorsey Notary Public (Signature)

Taja Dorsey (Name of Notary Printed)

Commission No. HH219681

# APPLICATION FOR VESTED RIGHTS PENSION

Gail Shalay, 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) 10/1/18 to (date of resignation or change of status) 5/30/25 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 1/27/62.

The date I will begin to receive my pension will be 2/1/27.

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.

Gail Shalay  
Signature

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

Finance  
Department/Division

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

Accountant II  
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 8 day of April, 2025 by Gail Shalay, who is personally known to me or has produced

\_\_\_\_\_  
as identification.



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028

[Signature] Notary Public (Signature)

Alyssa Gagliardi (Name of Notary Printed)

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