

APPLICATION FOR VESTED RIGHTS PENSION

Cheri Drigan 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) 10/11/2010 to (date of resignation or change of status) March 9, 2024 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 September 29, 1961

The date I will begin to receive my pension will be October 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.

Cheri Drigan
Signature

Social Security Number

Gas / CA customer service
Department/Division

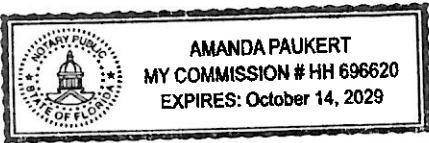
Street Address

Customer Service Rep
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 9 day of MARCH, 2024 by CHERI DRIGAN, who is personally known to me or has produced FL. DRIVER LICENSE as identification.



AP

Notary Public (Signature)

(Name of Notary Printed)

Commission No. _____

APPLICATION FOR VESTED RIGHTS PENSION

Michael Mauroukis, 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) 9/17/2007 to (date of resignation or change of status) November 6, 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 September 11, 1974.

The date I will begin to receive my pension will be October 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.

X Michael K. Mauroukis
Signature

Social Security Number

Information Technology
Department/Division

Street Address

Network Engineer III
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 22 day of December, 2025 by Michael Mauroukis, who is personally known to me or has produced _____ as identification.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public (Signature)

Alyssa Gagliardi
(Name of Notary Printed)

Commission No. _____