

**APPLICATION FOR VESTED RIGHTS PENSION**

Willie Hill, 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) 8/22/2005 to (date of resignation or change of status) March 8, 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 March 6 1969 WA

The date I will begin to receive my pension will be September 1, 2025

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.

Willie Hill  
Signature

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

Solid Waste/Recycle/Commercial  
Department/Division

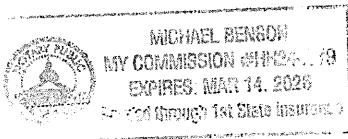
\_\_\_\_\_  
Street Address

Solid Waste Worker I  
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 29th day of May, 2024 by Willie Hill, who is personally known to me or has produced \_\_\_\_\_ as identification.



Michael Benson Notary Public (Signature)

Michael Benson (Name of Notary Printed)

Commission No. HH240579

**APPLICATION FOR VESTED RIGHTS PENSION**

Charles H. Lane, Jr., 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) August 1, 2011 to (date of resignation or change of status) August 18, 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 June 10, 1969.

The date I will begin to receive my pension will be September 1, 2031.

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.

Ch. Lane  
Signature

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

Economic Development & Housing / ED Administration  
Department/Division

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

Eco Dev & Housing Ast. Director  
Job Classification

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

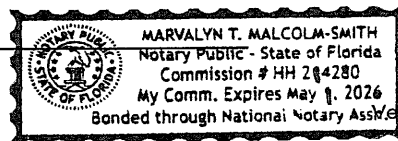
STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 23rd day of July, 2024 by Charles Lane, who is personally known to me or has produced \_\_\_\_\_ as identification.

Marvalyn T. Malcolm-Smith Notary Public (Signature)

Marvalyn T. Malcolm-Smith Name of Notary Printed)

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



**APPLICATION FOR VESTED RIGHTS PENSION**

ROBERT M. SKINNER, 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) 10-1-2012 to (date of resignation or change of status) 7-17-2024 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 8/5/1961.

The date I will begin to receive my pension will be 9-1-2026.

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.

Robert M. Skinner  
Signature

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

PARKING / Public Works  
Department/Division

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

TECHNICIAN  
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 17<sup>th</sup> day of July, 2024 by Robert Skinner, 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