APPLICATION FOR VESTED RIGHTS PENSION

such service having occ 1/9/2000 to (da hereby makes application Ordinances. As such form	a, and having completed ten curred during the period fro ate of resignation or change of to receive the vested rights p ner employee, I understand t	a person leaving employment with the (10) or more years of credited service, om (date of entry into Pension Plan) of status) \(\frac{6-11-25}{2} \) Dension provided for by the City Code of the pension requested will be computed the in effect on the date of resignation.
I hereby further certify that	my date of birth is _	
The date I will begin to rec	eive my pension will be <u>Fe</u> r	mary 1, 2026
contributions that I paid in	nto the Pension Fund during onvicted of a felony during m	ication seeking to obtain a return of the the period of my employment set forth y period of employment, and I have not
Signature		Social Security Number
Police / Pol patrol dist. 1 team (Department/Division Police Office/		Street Address
Job Classification		City, State, Zip Code
STATE OF FLORIDA COUNTY OF PINELLAS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	sence or □ online notarization,
	by Michael Mar	· ec
ALYSSA GAGLIARDI Commission # HH 476578 Expires January 23, 2028	who is personally known to i	me or has produced as identification Notary Public (Signature)
	Alysia Gagliar Commission No.	(Name of Notary Printed)
	Commission No.	

Rev. 10/2022