

APPLICATION FOR VESTED RIGHTS PENSION

Lynne Marchitello, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 7/24/06 to (date of resignation or change of status) 8/30/16 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 May 24, 1957.

The date I will begin to receive my pension will be June 1, 2022.

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.

Lynne Marchitello
Signature

Parks + Rec
Department/Division

Parks Service Tech II
Job Classification

Social Security Number

1473 Fresh Drive
Street Address

Dunedin, FL 34698
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 21 day of September, 2016 by Lynne A. Marchitello who is personally known to me or who has provided FL DL as identification and who did/did not take an oath.

Jennifer M. Moulton Notary Public

Jennifer M. Moulton Name of Notary Printed

My commission expires:



APPLICATION FOR VESTED RIGHTS PENSION

Todd M. Voigt, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) MAY 1 1989 to (date of resignation or change of status) 8/5/2016 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 8/21/62.

The date I will begin to receive my pension will be 9/1/2017.

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.

Todd M. Voigt
Signature

P. V. Water
Department/Division

Supervisor I
Job Classification

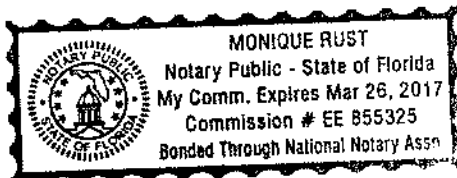
Social Security Number
512 Winging Willow Dr.
Street Address

Palm Harbor FL 34683
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 26 day of August, 2016 by Todd M Voigt

who is personally known to me or who has provided FIDC V23081362-3010 as identification and who did/did not take an oath.



Monique Rust
Notary Public
Name of Notary Printed

My commission expires: 3-26-16