## APPLICATION FOR VESTED RIGHTS PENSION

such service having occurred during Oct 29, 2007 to (date of resignation to receive the Ordinances. As such former employee,	, being a person leaving employment with the completed ten (10) or more years of credited service, the period from (date of entry into Pension Plan) on or change of status)		
I hereby further certify that my date of bir			
The date I will begin to receive my pensi	on will be $NiVI, 2057$		
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	Social Security Number		
Police/Patrol/District			
Department/Division	Street Address		
Palice Officer			
Job Classification	City, State, Zip Code		
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this 20 day of November, 20/7 by John Margnell!		
	by John Margnelli		
	who is personally known to me or who has provided		
	as identification		
	and who did/did not take an oath.		
	Jennifer M. Moult Name of Notary Printed		
	Name of Notary Printed		
	My commission expires:		
	JENNIFER M MOULTON MY COMMISSION #FF105569 EXPIRES March 27, 2018		

FloridaNotaryService.com

(407) 398-0153

+6913

## **APPLICATION FOR VESTED RIGHTS PENSION**

	$\widehat{}$	
\	Kichard J Kozzi III	being a person leaving employment with the
		completed ten (10) or more years of credited service,
	Such service having occurred during 1	the period from (date of entry, into Pension Plan)
Ø'		vested rights pension provided for by the City Code of
		I understand the pension requested will be computed
		de of Ordinance in effect on the date of resignation.
		i 1
	I hereby further certify that my date of bi	rth is $10/5/1985$
	The date I will begin to receive my pens	ion will be 7/1/2037.
	Further Ladditionally certify that Lhave	made no application seeking to obtain a return of the
		on Fund during the period of my employment set forth
		elony during my period of employment, and I have not
	received any other type of pension from	
(		
•	1 Com I Com III	_
	Signature	Social Security <mark>N</mark> umber
	Public Utilities	1310 wisconsin Aux
	Department/Division	Street Address
	ELETTO Mechanical	City, State, Zip Code
	Job Classification	City, State, Zip Code
	STATE OF FLORIDA	The foregoing instrument was acknowledged before
	COUNTY OF PINELLAS	me this 13th day of November, 2017
	COUNTY OF FINELEAS	by Richard John Rozzi TH
	*	who is personally known to me or who has provided
		The Driver Lieuse as identification
		2200-150-65-365-0
		and who did/did not take an oath.
		J-0160
		February Public
	٢	Name of Notary Printed
	EDREKA DJUNA MYRICK	
	MY COMMISSION # GG 053828  EXPIRES: December 29, 2020	My commission expires:
	Ronded Thru Burdnet Notery Sendoes	My commission expired.