

APPLICATION FOR VESTED RIGHTS PENSION

Paul Capo, 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) October 16, 2000 to (date of resignation or change of status) January 4, 2018 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 _____.

The date I will begin to receive my pension will be November 1, 2020

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.

Paul Capo
Signature

Social Security Number

Fire/Fire Operations
Department/Division

Street Address

Fire Lieutenant
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 22 day of August, 2017 by Paul Capo

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

Zebulun Veale, 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) Feb 9, 2004 to (date of resignation or change of status) February 28, 2015 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 ____

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

[Signature]
Signature
Fire / Fire Operations
Department/Division
Fire Lieutenant
Job Classification

Social Security Number

Street Address

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 29th day of December, 2017 by Zebulun Veale

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: _____

