APPLICATION FOR VESTED RIGHTS PENSION

such service having occurred during 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) tion or change of status) September 22,2018 e vested rights pension provided for by the City Code of a, I understand the pension requested will be computed ode of Ordinance in effect on the date of resignation.
I hereby further certify that my date of b	irth is
The date I will begin to receive my pens	ion will be <u>July 1, 2030</u>
Further, I additionally certify that I have contributions that I paid into the Pensic above, I have not been convicted of a treceived any other type of pension from	e made no application seeking to obtain a return of the on Fund during the period of my employment set forth felony during my period of employment, and I have not the City.
Michile Kytell Signature	Social Security Number
Human Resources Empl Re	Street Address
Human Rescurces Manag	City, State, Zip [/] Code
STATE OF FLORIDA	The foregoing instrument was acknowledged before
COUNTY OF PINELLAS	me this 31 day of August, 2018 by Michelle Kutch
	who is personally known to me or who has provided as identification and who did/did not take an oath.
4	Jennifer M. Man How-Name of Notary Printed
	My commission expires:
	Notary Public State of Florida Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022

APPLICATION FOR VESTED RIGHTS PENSION

Andrew Leeth	being a person leaving employment with the
such service having occurred during	, 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) ion or change of status) May 18,2018
hereby makes application to receive the	vested rights pension provided for by the City Code of
	, I understand the pension requested will be computed
pursuant to the provisions of the City Co	de of Ordinance in effect on the date of resignation.
I hereby further certify that my date of bi	rth is
The date I will begin to receive my pens	ion will be April 1, 2027
contributions that I paid into the Pensic	made no application seeking to obtain a return of the on Fund during the period of my employment set forth felony during my period of employment, and I have not the City.
Signature	Social Security Number
Eman molical Succe Cut	C. C
Emerg Medical Svcs-Cnty+ Department/Division	Street Address
Fire medic	
Job Classification	City, State, Zip Code
STATE OF FLORIDA	The foregoing instrument was acknowledged before
COUNTY OF PINELLAS	me this 21 day of Queur , 2018
	by Andrew Joseph Leen
	who is personally known to me or who has provided
	FI DRC as identification
DIANNE STEWART MY COMMISSION # GG 238005 EXPIRES: July 12, 2022	and who did/did not take an oath.
	Drame Stewart Notary Public
	Danne Secur Name of Notary Printed
	My commission expires: 7-12-32