APPLICATION FOR VESTED RIGHTS PENSION

such service having occurred during March 19,200 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) October 23, 2018 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 hereby further certify that my date of bi	rth is
The date I will begin to receive my pensi	on will be <u>April 1,0097.</u>
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 elony during my period of employment, and I have not the City.
Signature	Social Security Number
Five Operation Department/Division	Street Address
Firefighter Driver Operator Job Classification	City, State, Zip Code
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this day of October, 2018 by Wendy Aspin Wall who is personally known to me or who has provided as identification and who did/did not take an oath. Notary Public State of Florida Jennifer M Moulton My Commission GG 179386