

APPLICATION FOR VESTED RIGHTS PENSION

Patricia Kuligowski, 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) 11-27-2006 to (date of resignation or change of status) 01-26-2021 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 January 27, 1961.

The date I will begin to receive my pension will be February 1, 2026.

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.

Patricia Kuligowski
Signature

City Manager / Council
Department/Division

Executive Assistant
Job Classification

421 Palm Island N.E.
Social Security Number
Street Address
Clearwater FLA 33767
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 15th day of January, 2021 by Patricia Kuligowski, who is personally known to me or has produced _____ as identification.



Scott Burrows
COMMISSION # GG261179
EXPIRES: October 1, 2022
Bonded Thru Aaron Notary

Scott Burrows
Notary Public (Signature)
Scott Burrows
(Name of Notary Printed)

Commission No. GG261179

APPLICATION FOR VESTED RIGHTS PENSION

Lesa Phillips, 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) 1/12/2004 to (date of resignation or change of status) January 22, 2021 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 February 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.

Lesa Phillips
Signature

Social Security Number

Police / Patrol Dist III TeamP
Department/Division

Street Address

Police Officer
Job Classification

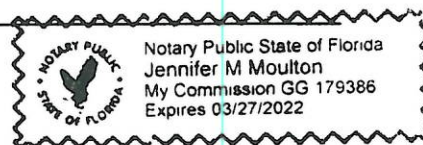
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 11th day of January, 2021 by Lesa Phillips, who is personally known to me or has produced FL DL as identification.

Jennifer M. Moulton Notary Public (Signature)
Jennifer M. Moulton Name of Notary Printed

Commission No. _____



APPLICATION FOR VESTED RIGHTS PENSION

Brian Swartz, 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) June 3, 2002 to (date of resignation or change of status) May 28, 2020 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 July 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.

[Signature]
Signature

Social Security Number

Fire/Suppression
Department/Division

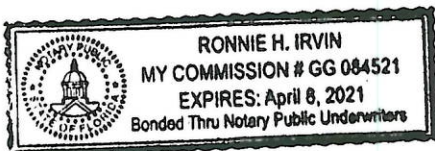
Street Address

Firefighter/Driver-Operator
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 29th day of January, 2021 by Brian Swartz, who is personally known to me or has produced PK as identification.



Ronnie H. Irvin Notary Public (Signature)

Ronnie H. Irvin (Name of Notary Printed)

Commission No. GG 084521