

POLICE AND FIRE RETIREMENT FUND

Application for Service Retirement

Last Name First Name Middle Name Employee Number

Address City State Zip

Home Phone Number Mobile Phone Number

Division Current or Last Assignment Personal Email Address

Retirement date will be effective: _____

I became a member of the Lexington Police or Fire Department on: _____

****For any member of the police department hired prior to March 14, 2013, this would be your sworn date.***

As of the date of application I have completed _____ years and _____ months of service.

As of the date of application I have purchased _____ years and _____ months of service.

The member has purchased _____ quarters with their sick payout.

As of the date of application I have a total service credit of _____ years and _____ months.

Signature