City of Tallahassee PENSION ADMINSTRATION

OUT-OF-CITY PUBLIC SERVICE VERIFICATION

This form must be completed by the agency from which you want to claim out-of-city public service, and must be sent directly to our office from the agency. We do not accept hand delivered copies.

Employee Nar	me:		SS#:			
Maiden or Other Name:			Date of Birth:			
Address:						
City, State Zip):					
Agency Name	:					
Address:						
Telephone:						
Dates of	From:	To:	From:	To:		
employment:	From:	To:	From:	To:		
Was this former	er employee's	service under a ble for a retirem	defined contribut	lan?	☐ No ☐ No future from	
By my signatu	are below, I, the	e agency represe	entative, certify th	ne information above	was retrieved	
from the			ret	irement system.		
Signature:	ignature:Title:					
Printed Name:	:					
Date:		Telephone:				
Please return th	nis completed for	rm directly to:		ALLAH/	— city of ASSEE	

Pension Administration 300 S. Adams St. **Box A-32** Tallahassee, FL 32301 Or you may fax it to 850-891-8859

