

CITY OF BRISTOL
REQUEST FOR RETIREMENT

DATE _____

Board of Trustees
Firefighters Benefit Fund
City of Bristol
Bristol, CT 06010

I _____ hereby apply for retirement (normal, veteran reserve, vested termination, or non-service disability) from the City of Bristol Firefighter's Benefit Fund effective on _____. My social security number is _____ . My date of birth is _____. My starting date of full time employment is _____. My rank is _____.

Accepted for the City by
(Chief's Signature)

Signature

Address

City/State/Zip Code

If applicable:
Name of Spouse

_____ SS# _____ DOB _____
Dependent Children

_____ SS# _____ DOB _____

_____ SS# _____ DOB _____

_____ SS# _____ DOB _____

Original: Treasurer's Office
cc: Comptroller
Personnel
Board of Fire Commissioners