



Lori Kaback <l.kaback@danbury-ct.gov>

Post 1983 Pension Board Meeting 10/23/14 at 4:00 PM

1 message

James Hicks <j.hicks@danbury-ct.gov>

Wed, Oct 22, 2014 at 12:24 PM

To: Alan Baker <a.baker@danbury-ct.gov>, Barbara Coles <b.coles@danbury-ct.gov>, David St Hilaire <D.StHilaire@ci.danbury.ct.us>, Dianne Rosemark <D.Rosemark@ci.danbury.ct.us>, Lori Kaback <L.Kaback@ci.danbury.ct.us>, Mark Boughton <M.Boughton@ci.danbury.ct.us>, Mark Williams <M.Williams@ci.danbury.ct.us>, Phil Curran <P.Curran@ci.danbury.ct.us>, Shaun McColgan <S.McColgan@ci.danbury.ct.us>, "sophia.zalios" <sophia.zalios@gmail.com>, Terrence Shanahan <T.Shanahan@ci.danbury.ct.us>, Virginia Alosco <V.Alosco@ci.danbury.ct.us>

Cc: Tracy Frinton <t.frinton@danbury-ct.gov>

Post 1983 Pension Board Members,

We will be meeting on Thursday, October 23, 2014, at 4:00PM, in the Common Council Caucus Room located on the third floor at City Hall. The following is our agenda:

1. Years of service pension request from Officer Tracy Frinton.

Detective Jim Hicks

Post 1983 Pension Board Secretary

(Please advise whether or not you will be able to attend the meeting. If you can't attend but can be contacted on the telephone at the time of the meeting, please forward your phone number to me. Thank you.)

 Tracy Frinton Pension Application.pdf
184K

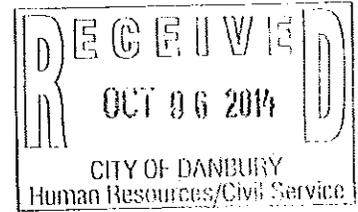
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BY: 



**CITY OF DANBURY
DANBURY POLICE DEPARTMENT
POST 83 PENSION BOARD**



Pension Application Form

To be submitted to the Human Resources Department by the applicant. Please file with the original with Human Resources and keep a copy for your records.

Name of Police Officer Applicant: TRACY FRINTON

Date of Application OCT 11, 2014 D.O.B. 7-24-62

Address: 32 E. GATE RD, Danbury Ct 06811

Type of Pension Being Requested:

Line of Duty Disability Non-Job Disability Regular (years of service or age)

Date of Injury or onset of illness (if applicable): _____

If applicable, applicant's statement of injury or illness (Please include affected area of the body):

If applicable, Medical Providers who treated injury or illness (Please include name, address, and phone numbers):

NOTE: If this is an application for a disability pension, a statement or letter from your physician of the disability, injury or illness must be attached.

The information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Signature of Applicant: Tracy Frinton

FOR CITY AND PENSION BOARD USE ONLY:

Independent Medical Examiners chosen by the Board and/or Corporate Health Care:

1. _____
2. _____

Date IME Reports received by the Board Secretary: _____ Date of Pension Board Vote: _____

Pension Decision: Approved Not Approved

Pension Board Secretary Name: _____

Pension Board Secretary Signature _____ Date: _____