

SERVICE PROVIDER RETIREMENT STATUS FORM

Complete this form for each owner, and each employee, independent contractor or person providing service to the City of Tumwater.

I have retired from a Washington State Retirement System using the 2008 Early Retirement Factor?

☐ Yes

☐ No

I verify the information above is true and correct.

Name of Owner, Employee, Independent Contractor or Person: (Please print)	Social Security Number (If answering "yes" above)
Signature	Date