

## **REQUEST FOR CONFIDENTIALITY**

To: Town of Jupiter Police Pension Fund

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name and Address of Employee or Retiree)

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to Florida Statute §119.071(4)(d)1 and 8, I hereby request the Town of Jupiter Police Pension Fund to maintain the confidentiality of all of my personal information which is protected by that statute, including but not limited to my home address, telephone number and photograph as well as those of my spouse and my children.

\_\_\_\_\_  
Signature

PLEASE RETURN TO:

TOWN OF JUPITER POLICE PENSION FUND  
C/O PENSION RESOURCE CENTER  
4360 NORTH LAKE BOULEVARD, SUITE 206  
PALM BEACH GARDENS, FL 33410