

## REQUEST FOR CONFIDENTIALITY

To: Lantana Police Pension Fund

From:

\_\_\_\_\_  
Name Employee or Retiree Making Request

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

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

Pursuant to Florida Statute §119.071(4)(d)(1) and (7), I hereby request the Lantana Police Pension Plan 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 protections afforded my spouse and my children (name, address, telephone numbers, places of employment, and names and locations of schools and daycare facilities of children).

\_\_\_\_\_  
Signature