

REQUEST FOR CONFIDENTIALITY

To: _____
(Name of Pension or other Entity)

From: _____
Name of Employee or Retiree

Street Address

City State Zip Code

Today's Date: _____

Pursuant to Florida Statute §119.071(4), I hereby request the _____ 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, date of birth, and photograph as well as those of my spouse and my children.

Signed: _____

Witnessed By:

(Witness #1)

(Witness #2)