

**CONFIDENTIALITY AGREEMENT  
LOCAL UPDATE OF CENSUS ADDRESSES (LUCA) PROGRAM  
2010 Decennial Census**

**PLEASE PRINT**

1. Government Name

2. Name of LUCA Liaison's Office or Department (*Assessor's Office, Planning Department, etc.*)

3. Address (*House Number and Street Name, RR, HC, or PO Box Number*)

4. City, State, ZIP Code

**Responsibilities for Participating in the 2010 Decennial Census LUCA Program**

All 2010 Decennial Census LUCA Program liaisons, reviewers, and anyone with access to Title 13 materials must agree to keep confidential the U.S. Census Bureau address information (including map structure points provided for feedback) they review or to which they have access. They may use this information solely for suggesting improvements to the Census Bureau's address list and maps. All individuals who will be reviewing Census Bureau addresses or have access to Title 13 materials must sign below to indicate they have read and understand the Census Bureau's requirements regarding restrictions related to confidential information. By signing this agreement, your government agrees to return or destroy all Title 13, Census Bureau confidential materials to the Census Bureau after the LUCA Program appeals process is complete. In addition, those who sign the agreement swear under penalty of perjury to maintain the confidentiality of information about addresses or individuals obtained by the Census Bureau, including maps that contain structure points showing the location of housing units or group quarters, and that the penalty for wrongful disclosure is a fine of not more than \$250,000 or imprisonment for not more than 5 years, or both. Although access to the data is temporary, this commitment is permanent. You must be at least 18 years of age to sign this agreement.

**Liaison's name and telephone number**

**Your address – Please print  
(If different from above)**

*Printed Name*

*Telephone Number*

*Signature*

*Date*

*City*

*State*

*ZIP Code*

**Reviewer(s)/Person(s) with access to  
Title 13 materials name(s) and telephone number(s)**

**Your address – Please print  
(If different from above)**

*Printed Name*

*Telephone Number*

*Signature*

*Date*

*City*

*State*

*ZIP Code*

*Printed Name*

*Telephone Number*

*Signature*

*Date*

*City*

*State*

*ZIP Code*

*Printed Name*

*Telephone Number*

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*Telephone Number*

*Signature*

*Date*

*City*

*State*

*ZIP Code*

*Printed Name*

*Telephone Number*

*Signature*

*Date*

*City*

*State*

*ZIP Code*

*If you require more signature blocks, you may duplicate this form.*