

APPLICATION TO EXEMPT RESIDENCE ADDRESS FROM DISCLOSURE AS A PUBLIC RECORD

ANY PERSON COMPLETING THIS FORM MUST PROVIDE A NON-EXEMPT MAILING ADDRESS

Name

Telephone Number

Residence Address

Non-Exempt Mailing Address (May be released as a public record.)

I hereby request that my residence address be exempt from disclosure as a public record for the following reason(s):

Please find attached as evidence:

- Address Confidentiality Program Authorization Card(s)
- Police Report(s)
- Court Order(s)
- Medical Record(s)
- Affidavit(s)
- Other (describe):

*By signing below, I certify that the above information is true and correct. I agree to provide additional documentation at the request of the County Clerk. I understand that exempt information may be disclosed by court order, a request from any law enforcement agency, or with my consent. I understand that the county clerk shall not be held liable for granting or denying an exemption or any authorized release of my non-disclosed residence address. I understand that I must reapply for this exemption each time I update my voter registration, and that I may revoke this exemption at any time by notifying the County Clerk in writing.

Signature

Date

FOR OFFICE USE ONLY

This request is approved by:

County Clerk

Date

* Does not apply to Address Confidentiality Program participants.