

Application to Exempt Residence Address from Disclosure as a Public Record

SEL 550

Rev 11/23
OAR 165-005-0130

→ Any person completing this form must provide a non-exempt mailing address

Name and Address Information

I request that the following information contained in this request and attachment(s) be kept confidential

First Name

Last Name

Residence Address *street, city, state, zip*

Home Telephone Number

Email Address

Non-Exempt Mailing Address *non-exempt mailing address must be provided and may be released as a public record*

Request Information

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 Reports(s)

Court Order(s)

Medical Record(s)

Affidavits(s)

Other (describe):

I am a Public Safety Officer *as defined by ORS 181A.355 which was renumbered from ORS 181.610*

Public Safety Officer includes corrections officers, youth correction officers, emergency medical dispatchers, parole and probation officers, police officers, certified reserve officers, telecommunicators, liquor enforcement inspectors and fire service professionals.

Email Address(es) *provide electronic mail addresses sought to be kept confidential*

Telephone Number(s) *provide phone numbers sought to be kept confidential*

Attestation

***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. *Does not apply to Address Confidentiality Program participants.**

Signature

Date Signed

For Office Use Only

This request is approved by:

County Clerk

Date Signed