

Application to Exempt Residence Address from Disclosure as a Public Record

SEL 550
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→ *Any person completing this form must provide a non-exempt mailing address*

Name and Address Information		
First Name	Last Name	
Residence Address		
City	State	Zip Code
Non-Exempt Mailing Address (may be release as a public record)		
City	State	Zip Code
Home Telephone Number	Email Address	

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:		
<input type="checkbox"/> Address Confidentiality Program Authorization	<input type="checkbox"/> Card(s) Police Reports(s)	<input type="checkbox"/> Court Order(s)
<input type="checkbox"/> Medical Record(s)	<input type="checkbox"/> Affidavits(s)	<input type="checkbox"/> 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 Signed
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*Does not apply to Address Confidentiality Program participants

For Office Use Only

This request is approved by: _____

County Clerk	Date
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