

# Application to Exempt Residence Address from Disclosure as a Public Record

**SEL 550**  
rev 1/12: OAR 165-005-0130

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

## Address Information

Name	Telephone Number
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Residence Address, Street/Route

City	State	Zip Code
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Non-Exempt Mailing Address (may be released as a public record), Street/Route

City	State	Zip Code
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## 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 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 Signed

\*does not apply to Address Confidentiality Program participants

## For Office Use Only

This request is approved by:

County Clerk

Date