

JOHN E. PETALAS
Lake County Auditor
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

REDACTED ADDRESS REQUEST FORM

I, _____, fitting the definition of a "Covered Person" as defined by IC 36-1-8.5-2, am hereby requesting that my address be restricted from the public property database website currently being provided by the Lake County Auditor's office. I have read, understand and agree with the overall policy. I submit the following document to verify my eligibility as a "Covered Person":

_____.

"Covered Person" includes: *(Please check appropriate category)*

- Judge
- Law Enforcement
- Public Official
- Victim of Domestic Violence

First Name *Middle* *Last Name*

Parcel Address *City* *Zip Code*

Work Phone *Cell Phone* *E-Mail Address*

Job Title / Department / Office

Signed: _____ *Date:* _____

Parcel #: _____ - _____ - _____ - _____ - _____ - _____

PLEASE NOTE that changes in title and/or ownership for the covered parcel will automatically result in the elimination of the previously redacted address due to the transfer process currently in place. A new request form MUST be submitted to have the redaction reinstated on the correct parcel and/or for a change of name. A fee of \$10.00 will be charged for these additional requests.

IMPORTANT: Changes in the Redacted Address Policy of the Lake County Auditor may be periodically made without official notice to existing covered persons. Please review the Auditor's page of the Lake County website for potential changes.

----- *OFFICE USE ONLY BELOW THIS LINE* -----

Received by: _____ Date: _____

OFFICE SIGN-OFF VERIFICATION *(Open Public Internet Site):*

AUDITOR: _____ Date: _____ TREASURER: _____ Date: _____
ASSESSOR: _____ Date: _____ SURVEYOR: _____ Date: _____
RECORDER: _____ Date: _____