

To Whom It May Concern:

You are a recipient of this form per IC 36-1-8.5, Restricted Addresses, which applies after June 30, 2014. If you would like to have your address restricted from the public, per the Indiana Code below, please fill out the form on the next page.

IC 36-1-8.5-2 "Covered Person"

Sec. 2. As used in the chapter, "covered person" means

- (1) a judge;
- (2) a law enforcement officer; or
- (3) a victim of domestic violence;

who submits a written request to have the person's home address restricted from disclosure under this chapter.

Since this code also covers victims of domestic violence, if you are, or know someone who is a victim of domestic violence, please go to or direct them to the website below:

<http://www.in.gov/attorneygeneral/2375.htm>

Thank you for your service to our community,

Michael B. Brown
Lake County Recorder

Redacted Address Request Form

I, (print name) _____, am requesting my address be restricted from the public property data base website, at the _____'s Office per IC 36-1-8.5-2.

Applicants must be employed or formerly employed as a judge, law enforcement officer, or victim of domestic violence.

Check the appropriate box.

Judges: A judge of the supreme court, court of appeals, tax court, circuit court, superior court, municipal court, county court, or small claims court can apply.

Law Enforcement: Law enforcement officers eligible to apply are: police officer, correctional officer, sheriff, constable, marshal, prosecuting attorney, special prosecuting attorney, special deputy prosecuting attorney, the securities commissioner, or the inspector general. A deputy of any of the persons specified, an investigator for a prosecuting attorney or the inspector general, a conservation officer, or an enforcement officer of the alcohol and tobacco commission are eligible.

Victim of Domestic Violence: Victims of domestic violence must be certified as a program participant in the address confidentiality program established by the attorney general under IC 5-26.5-2.

Please provide us with the following:

First, Middle, Last Name
Street, City, Zip Code
E-Mail address and/or phone number
Job Title/Position and Office/Department

"I affirm, under the penalties for perjury that the information provided on this form is true and accurate."

Signature and date: _____

Thank you for your participation!