



**REQUEST TO RESTRICT PUBLIC DISSEMINATION  
OF PERSONAL INFORMATION ON THE INTERNET**

Pursuant to Colorado law, certain individuals listed below may submit a written request to a local government official to remove specified personal information, as defined by statute, from records that are available on the internet as to the **protected person** or the **protected person’s immediate family** members. Upon receipt of the written request La Plata County **will not knowingly make available on the internet** personal information about the protected person or the protected person's immediate family. **The requestor must provide valid identification (Driver’s license, Government ID, Military ID, Passport or Address Confidentiality Program ACP authorization card) at the time this document is submitted. The original document must be submitted.** To comply with a request to remove personal information from records available on the internet, the following information must be provided:

\*\*\*\*\*

1. **Applicant Information:** I, \_\_\_\_\_ (print full name), who resides at \_\_\_\_\_ (include complete home address) hereby affirm that, pursuant to C.R.S. §§ 18-9-313 or 18-9-313.5, I am (check appropriate box):

- A **participant in the Address Confidentiality Program**, as defined by C.R.S. §§ 18-9-313 and 24-30-2101, *et. seq.*, with a valid Address Confidentiality Program authorization card.

An address confidentiality program participant may submit a written request to a state or local government official and follow the process outlined in C.R.S. § 24-30-2108, including the presentation of a valid address confidentiality program authorization card. If a state or local government official has received the above information, then the state or local government official shall not knowingly make available on the internet **personal information** about such participant in the address confidentiality program **or the actual address**, as defined C.R.S. § 24-30-2103(1), of such participant in the address confidentiality program.

- Copy of current/valid address confidentiality program authorization card must be submitted (attach)

- A **Protected Person**, as defined in C.R.S. § 18-9-313, specifically (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Animal Control Officer                                       | <input type="checkbox"/> Office of the Respondent Parent’s Counsel |
| <input type="checkbox"/> Officer or Agent of the State<br>Bureau of Animal Protection | Staff Member or Contractor   |
| <input type="checkbox"/> Code Enforcement Officer                                     | <input type="checkbox"/> Judge                                     |
| <input type="checkbox"/> Educator   | <input type="checkbox"/> Peace Officer                             |
| <input type="checkbox"/> Health Care Worker   | <input type="checkbox"/> Prosecutor                                |
| <input type="checkbox"/> Human Services Worker  | <input type="checkbox"/> Public Defender                           |
| <input type="checkbox"/> Child Representative   | <input type="checkbox"/> Public Health Worker                      |
|   | <input type="checkbox"/> Public Safety Worker                      |

- An **Election Official**, as defined in C.R.S. § 18-9-313.5.

**2. Affirmation of Imminent and Serious Threat:**

***Protected Person Only:***

As required by C.R.S. § 18-9-313, I have attached \_\_\_\_\_ as evidence that I am a protected person authorized to make this request. *\*\* If you are having your commanding officer/supervisor verify your current employment, please have your direct supervisor complete the certification below. County staff may contact your supervisor to verify your employment.*

**I, \_\_\_\_\_ (print name), affirm under penalty of perjury that I have reason to believe that the dissemination of my personal information or the personal information of my immediate family members poses an imminent and serious threat to my safety or the safety of my immediate family members.**

List the names of **immediate family members** whose personal information is also to be restricted from public dissemination on the internet. Immediate family means a protected person’s (1) spouse, child, or parent, or (2) any other blood relative who lives in the same residence as the protected person.

\_\_\_\_\_  
\_\_\_\_\_

***Election Official Only:***

As required by C.R.S. § 18-9-313.5, I have attached \_\_\_\_\_ as evidence that I am an election official.

**I, \_\_\_\_\_ (print name), affirm under penalty of perjury that I have reason to believe that the dissemination of my personal information or the personal information of my immediate family members poses an imminent and serious threat to my safety or the safety of my immediate family members.**

List the names of **immediate family members** whose personal information is also to be restricted from public dissemination on the internet. Immediate family means an election official’s (1) spouse, child, or parent, or (2) any other *person* who lives in the same residence as the protected person.

\_\_\_\_\_  
\_\_\_\_\_

**3. Information for Redaction:**

**Personal Information to be To Restricted**

- A person's home address, home telephone number, personal mobile telephone number, pager number, or personal e-mail address
- A photograph of a person
- Directions to a person's home
- Photograph or description of a person's home, vehicle, or vehicle license plate

*This request **does not** redact your personal information from all documents in the possession of La Plata County. If you are aware of a specific document or situation that may be maintained by La Plata County in an area other than those listed below and you are requesting those documents to be redacted or withheld, please provide that information below. Specific information must be included for the County to identify the documents it maintains.*

**Assessor's Office / Treasurer's Office:**

Parcel(s) and/or Account Number(s): \_\_\_\_\_

Situs Address (Legal description if no situs): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

For a mobile home, list the mobile home account number and/or VIN No. \_\_\_\_\_

Name of MHP and space # OR name of property owner, if different than your name:  
\_\_\_\_\_

**Clerk and Recorder's Office:** *\*\* Names will still be indexed and remain as part of the public record because names are not personal information as defined in statute. Further, this request does not remove real estate documents from the real estate recording system, and those documents will remain available at the Clerk and Recorder's Office. The Clerk and Recorder does not have the authority to remove or redact documents from the official real estate recording system.*

Book/Page or Reception Nos. of Recorded Documents: \_\_\_\_\_  
\_\_\_\_\_

**Public Trustee's Office:**

File/Case No. (foreclosure or tax lien sale): \_\_\_\_\_

**Other Specified Documents:** Specify record and department *(including but not limited to building permits, land use case files, contracts, rental agreements, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

I understand that a **new** request to restrict public dissemination of personal information on the internet form must be filled out **each time a new document is submitted** to La Plata County.

I further understand that, **if I am a protected person or election worker**, an exempt party (i.e., any party to the record, a settlement service, a title insurance company, a title insurance agency, a mortgage servicer or a mortgage servicer's qualified agent, or an attorney licensed and in good standing in the state of Colorado to practice law and who is engaged in a real estate matter) may access a record that includes information otherwise subject to redaction under this request, which is **maintained by the La Plata County Recorder, La Plata County Assessor, or La Plata County Treasurer** if the person seeking access to the record provides evidence and an affirmation under penalty of perjury that they are an exempt party.

(\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF COLORADO )  
COUNTY OF LA PLATA ) ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_ (applicant).

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

SUPERVISOR CERTIFICATION

I, \_\_\_\_\_ (name of commanding officer/supervisor), as \_\_\_\_\_ (title) of \_\_\_\_\_ (City, County or State Department/Agency), hereby certify that \_\_\_\_\_ (name of protected person) is employed as \_\_\_\_\_ (type of protected person). **See “List of Protected Persons” to verify status as a “protected person”.**

Date: \_\_\_\_\_ Signature of Commanding Officer/Supervisor \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

STATE OF COLORADO )  
COUNTY OF \_\_\_\_\_ ) ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name), as \_\_\_\_\_ (title) of \_\_\_\_\_ (City, County or State Department/Agency).

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\*\*\*\*\*

**FOR STAFF USE ONLY:**

Address Confidentiality Program Participant \_\_\_\_\_ (Y/N)

**\* If yes, contact the County Attorney’s Office regarding additional confidentiality protections required by County departments and Elected Officials’ offices under applicable law, including but not limited to C.R.S. § 24-30-2108.**

Staff Person Intaking Form: \_\_\_\_\_

Date: \_\_\_\_\_

**Verification Copy Routed to Elected Officials / Departments (check box):**

- Administration
- Assessor’s Office
- Attorney’s Office
- Board of County Commissioners
- Building
- Clerk’s Office – Motor Vehicle Division
- Clerk’s Office – Elections Division
- Clerk’s Office – Recording Division
- Coroner
- District Attorney
- Extension/Fairgrounds
- Finance
- Fleet Management
- General Services
- GIS
- Human Resources
- Human Services – Child Protection
- Human Services – Child Support
- Human Services – Adult Protection
- Human Services – Income Maintenance
- Information Technology
- Office of Emergency Management
- Planning
- Procurement
- Public Works
- Road & Bridge
- Senior Services
- Sheriff’s Office – Detentions
- Sheriff’s Office – Operations & Investigations
- Sheriff’s Office – Patrol
- Surveyor
- Treasurer / Public Trustee
- Veterans’ Services
- Weed Management