

REQUEST FOR PROTECTED ADDRESS STATUS

I am requesting that the address, telephone number and date of birth contained in the voter registration files pertaining to me, my spouse and children, listed below, be exempt from public view.

1. I qualify for "protected address" status because: _____
(Refer to list of Voters Eligible for Protected Address or F.S. 119.071)

2. Name (Print): _____ DOB: _____

3. Okeechobee County Residence Address: _____

Mailing address (if different from residence address): _____

4. Print names of SPOUSE & CHILD(S) INFORMATION for whom you are requesting "protected address" status, who reside at your address:

Spouse's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

5. Print the names and addresses of spouse or children for whom you are requesting "protected address" status, who do not reside at your address:

Name: _____ DOB: _____

Residence Address: _____

Name: _____ DOB: _____

Residence Address: _____

6. Signature of Requestor: _____ Date: _____

Phone Number*

Home: _____ Cell: _____ Work: _____

**You will be contacted if the information provided is insufficient to clearly identify the Voter Registration File for anyone named in this request.*

Office Use Only: _____

Entered By (Sign)

(Date)

Verified By (Initials)