

## **Columbia County, Oregon**

## APPLICATION FOR SUPPRESSED OWNER STATUS

## ASSESSMENT AND TAXATION RECORDS

## Please Note:

It is important that you identify all property that you wish the name suppression protection to apply to, by address or property ID. While we will make every effort to protect your property records, we cannot guarantee that no unauthorized person will ever be able to access your records. In addition, we may be required to disclose information about you to other authorized government agencies, in the conduct of their lawful business. You should also be aware that other records agencies (courts; county records; health agencies; etc.) might hold records that could be used to locate you. We urge you to contact these agencies and determine if they offer a similar program.

Additionally, you should be aware that submission of this application means that the County will suppress your name in the Assessment and Taxation records and other persons, entities, agencies, including emergency services, will not have access to your name. Also, the suppression of your name may result in the inability of the US postal Service to properly deliver your tax statements or other required notices. You will still be responsible for timely paying your taxes and providing any necessary documents or information to other persons, entities and agencies that may have previously used the County's records to send notices of proceedings.

	Last		First		MI
Home Address:					
	Street				
Mailing Address: (if Different)	City		State		Zip
	Street or PO Box				
	City		State		Zip
ist all properties for	which name suppre	ession is requested:			
			Account Number or Map/Taxlot:		
Map/Taxlot: All Ownership Names	3				
Map/Taxlot: All Ownership Names	5		Map/Taxlot: All Ownership Names		
Account Number or Map/Taxlot: All Ownership Names for Property:			Map/Taxlot: All Ownership Names		
Map/Taxlot: All Ownership Names	Street		Map/Taxlot: All Ownership Names	Street	

If additional properties are to be included in this application, attach additional pages.

Your Name:				
Tour Name.	Last	First		MI
Additional property i	nformation:			
Basis for request (MA	RK ONLY ONE): I qualify for pa	articipation in the suppressed o	wner program becau	se:
□ I am a public safe	ety officer - ORS 192.345(31).			
□ I am a judge – O	RS 192.355(3); ORS 192.368.			
☐ I am the district a	ttorney - ORS 192.345(31); OR	S 192.355(3); ORS 192.368.		
□ I am a deputy dis	trict attorney - ORS 192.345(31	); ORS 192.355(3); ORS 192.3	368.	
□ I am an assistant	attorney general - ORS 192.34	5(31); ORS 192.355(3); ORS 1	192.368.	
□ I am a participant	in the Attorney General's Addre	ess Confidentiality Program – C	ORS 192.836; ORS 1	192.844.
☐ My personal safe	ty or the personal safety of a fan	nily member residing with me is	s in danger - ORS 19	2.368.
documentation showing	sion of name and or address un ng how you qualify (for example sion of address under ORS 192 rney General's Office.	, proof of employment status, a	restraining order or	other protective order).
to the general public of my belief and und hereby agree to inde	information about my owners  b. I certify that the information  erstanding. I also understance  emnify and hold harmless Couch inadvertent disclosure in the	ion I have provided on this d that it is possible that infor olumbia County and its succ	form is complete mation may be inaccessors and assign	and accurate, to the besidvertently disclosed and
Signature:			Date:	
Mail Completed Fo	rm To: Columbia County As	sessor		

230 Strand Street St Helens, OR 97051