



DEPARTMENT OF ASSESSMENT
205 NW 5th Street
Corvallis, OR 97330-4808

PHONE: (541) 766-6855
FAX: (541) 766-6848

APPLICATION FOR SUPPRESSED OWNER STATUS

ASSESSMENT AND TAXATION RECORDS NAME SUPPRESSION
Effective 1/1/08

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 and 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.

Your Name: Last First MI

Home Address:

Mailing Address: City State Zip

City State Zip

Additional information required and extra space to list properties is on page 2 of this Form.

NOTE: If the mailing address is the same as the situs address it will remain accessible to the public. Please provide a mailing address change.

List all properties for which name suppression is requested:

Taxlot and Account Number:	_____	Taxlot and Account Number:	_____
All Ownership Names for Property:	_____ _____ _____	All Ownership Names for Property:	_____ _____ _____
Property Address:	_____	Property Address:	_____
	Street		Street
	City, State                  Zip		City, State                  Zip

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

Additional property information:

Basis for request (MARK ONLY ONE): I qualify for participation in the suppressed owner program because:

- I am a public safety officer – ORS 192.501(32).
- I am a judge – ORS 192.502(3); ORS 192.445.
- I am the district attorney – ORS 192.501(32); ORS 192.502(3); ORS 192.445.
- I am a deputy district attorney – ORS 192.501(32); ORS 192.502(3); ORS 192.445.
- I am an assistant attorney General – ORS 192.501(32); ORS 192.502(3); ORS 192.445.
- I am a participant in the Attorney General's Address Confidentiality Program – ORS 192.836; ORS 192.844.
- My personal safety or the personal safety of a family member residing with me is in danger – ORS 192.445.

If requesting suppression of name and or address under ORS 192.501(32), 192.502(3), or ORS 192.445, please provide documentation showing how you qualify (for example, a restraining order or other protective order). If requesting suppression of address under ORS 192.836 and ORS 192.844, please provide the appropriate documentation from the Oregon Attorney General's Office.

I hereby request that information about my ownership of property in Benton County be withheld from disclosure to the general public. I certify that the information I have provided on this form is complete and accurate, to the best of my belief and understanding. I also understand that it is possible that information may be inadvertently disclosed and I hereby agree to indemnify and hold harmless Benton County and its successors and assigns free from any and all liability arising from such inadvertent disclosure in the assessment or taxation records.

_____	_____	_____
Signature	Date	Phone: