

Voter Record Confidentiality Request

Use this form to request that your address included in any public records required to be made, maintained, or kept pursuant to sections 1-2-227, 1-2-301, and 24-6-202, C.R.S. be kept confidential.
If this form is not properly completed, there may be a delay in processing your request.

For office use only
Voter ID Number: _____
Fee Code: _____
Amount Due: \$5.00
Date sent to SOS: _____

Your name as currently shown on your voter registration record

Last name*	First name*	Middle name	Suffix
_____	_____	_____	_____

Your identifying information

Your birthdate* (MM/DD/YYYY) _____

You must select one of the following and provide the requested information*

- I have a valid Colorado Driver's License or Colorado ID card (issued by the Dept. of Revenue) and that number is _____
- I have not been issued a Colorado Driver's License or ID card, but I have a Social Security Number & the last 4 digits are X X X - X X - _____
- I do not have a Colorado Driver's License, ID card, or a Social Security Number.

Your contact information currently shown on your voter registration record

Your home address*

Street address (No P.O. Boxes)	Apt. or Unit	City or Town	ZIP Code	Colorado County
_____	_____	_____	_____	_____

Address where you receive your mail (required if different from your home address)

Mailing address	Apt. or Unit	City or Town	State	ZIP Code
_____	_____	_____	_____	_____

Your phone number and email (this information will be used for internal use only)

Area code	Phone number	Email address
_____	_____	_____

Request and Self-Affirmation:

I request that my voter registration record be kept confidential under section 24-72-204 (3.5) (b), C.R.S., as amended.

I swear or affirm, under penalty of perjury, that I have reason to believe that I, or a member of my immediate family who resides in my household, will be exposed to criminal harassment, or otherwise be in danger of bodily harm, if my address is not kept confidential.

The applicant may be prosecuted for perjury in the second degree under section 18-8-503, C.R.S., if the applicant signs such affirmation and does not believe such affirmation to be true.



Signature or Mark*	Date*	Witness Signature	Date
_____	_____	_____	_____

(If you are unable to sign, you must make a mark and a witness to the mark must sign here).

County _____

Clerk/Deputy _____ Date _____