FOR CLERK'S USE ONLY

AFFIDAVIT IN SUPPORT OF APPLICATION TO RESTRICT PUBLIC ACCESS TO IDENTIFYING INFORMATION AND DOCUMENTS IN SPECIFIED PUBLIC RECORDS PURSUANT TO A.R.S. §§11-483, 11-484, 12-290, 16-153, AND/OR 28-454

(FOR USE BY THOSE LISTED IN ITEM 3 ONLY)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM AND PRINT ALL REQUIRED INFORMATION IN BLACK INK

1. I, _____, make the following statements under oath:
Full legal name

2. I submit this affidavit pursuant to (*check only the types of records you are seeking to protect*):

☐ (*For County Recorder records*) A.R.S. §11-483, and request that the court order sealed for five years my identifying information documents, instruments, and writings recorded by the County Recorder and the unique identifiers and recording dates contained in indexes of recorded instruments maintained by the County Recorder.

☐ (*For County Assessor records*) A.R.S. §11-484, and request that the court order sealed for five years my identifying information, documents, instruments, writings, and information maintained by the County Assessor.

☐ (*For County Treasurer records*) A.R.S. §11-484, and request that the court order sealed for five years my identifying information, documents, instruments, writings and information maintained by the County Treasurer.

☐ (*For voter registration records*) A.R.S. §16-153, and request that the court order sealed for five years my identifying information, documents, and voting precinct number and those of any individuals identified in item 12 below that appear in voter registration records.

☐ (*For Motor Vehicle Division records*) A.R.S. §28-454, and request that the court order sealed my identifying information and documents and those of any individuals identified in item 14 below that appear in Motor Vehicle Division records. I understand that the order to seal MVD records has no automatic expiration. Address Confidentiality Program Participant records are not eligible for sealing under this provision.

3. I am eligible because I am a(n) (*check the description that applies to you*):

☐ Address Confidentiality Program Participant	☐ Judge or Former Judge
☐ Code Enforcement Officer	☐ Justice
☐ Commissioner	☐ Law Enforcement Support Staff
☐ Corrections or Detention Officer	☐ National Guard Member supporting a Law Enforcement Agency
☐ Corrections Support Staff	☐ Peace Officer or Peace Officer's Spouse
☐ Department of Child Safety Employee	☐ Probation Officer
☐ Executive Clemency Board Member	☐ Prosecutor
☐ Firefighter assigned to the Department of Public Safety Counter Terrorism Information Center	☐ Public Defender
☐ Former Public Official	☐ Spouse or minor child of a Deceased Peace Officer

as provided in A.R.S. §§11-483 (N), -484(K), 12-290, 16-153(K), or 28-454(K).

4. I am employed by or was formerly employed by (organization name):

_____

5. My current job title and duties include:

_____

_____

_____

_____

6. I believe that my life or safety, or that of my family or other persons living at my residence, is in danger of physical harm for the following reasons:

_____

_____

_____

_____

7. (*Optional – complete this item ONLY if you need immediate record protection*) I request immediate action for the following reasons:

_____

_____

_____

_____

8. Restricting public access to the records I selected in item 2 above will serve to reduce the danger I described in item 6 for the following reasons:

_____

_____

_____

_____

9. My primary residential address is:
Street Address: _____
City, State, Zip Code: _____

10. (*For County Recorder/Assessor/Treasurer records only*) The identifying numbers relating to my primary residential address are:
Parcel Number: _____
Book & Map Number:_____

Full Legal Description: _____

_____

11. (*For County Recorder/Assessor/Treasurer records only*) The document locator number and date of recordation of each instrument for which I request public access restriction pursuant to A.R.S. §§11-483 and/or 484 are as follows. I have attached a copy of pages from each document that show the document locator number, and either my full legal name and primary residential address or my full legal name and telephone number:

Document locator number	Date of recordation
Document locator number	Date of recordation
Document locator number	Date of recordation
Document locator number	Date of recordation
Document locator number	Date of recordation

12. (*For voter registration records only -- see the instruction sheet for more information*)
The following are the names and birth dates for each registered voter who resides with me and whose voter registration records should also be redacted. I have informed these individuals that I have applied to have their addresses protected and that they will need to vote by mail in the future in order to keep this information out of the public record. I have also informed them that if they vote in-person at a polling location, they will be required to vote a provisional ballot. I have checked the box for each voter who is requesting to be added to the Permanent Early Voting List (PEVL) to automatically receive an early ballot by mail, and I have attached their completed voter registration forms, so they can be added to the PEVL.

Full legal name	Month/Day/Year of Birth	☐ add to PEVL
Full legal name	Month/Day/Year of Birth	☐ add to PEVL

☐ add to PEVL

Full legal name | Month/Day/Year of Birth

☐ add to PEVL

Full legal name | Month/Day/Year of Birth

☐ add to PEVL

Full legal name | Month/Day/Year of Birth

13. (*For your MVD records*) My name, birth date and driver's license or state identification number are:

Full legal name

Month/Day/Year of Birth | Driver's License /State I.D. Number

14. (*For protecting other household members' MVD records only*) The following individuals and/or entities (such as partnerships, corporations) have MVD records that display my identifying information and therefore should also be redacted (*see the instruction sheet regarding household members who are peace officers)*:

Full legal name

Month/Day/Year of Birth | Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth | Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth | Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

On the basis of the facts set forth herein, I respectfully request the court to order the sealing of the information and records identified by me in item 2 above.

Date

Affiant's Signature

State of Arizona

County of _____

Subscribed and sworn to (or affirmed) before me on _____(date)

by _____.

Notary Seal

Notary Public