

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 _____ - _____ - _____
- 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.

Sign here 

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