



Request for Confidential Address Protection

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: (503) 378-4133 • Fax: (503) 378-2322 • TTY: (503) 373-1358

Web: bcd.oregon.gov

WHO IS ELIGIBLE FOR CONFIDENTIAL ADDRESS?

You may request that the Department of Consumer and Business Services (DCBS) not disclose your home address if your personal safety or that of a family member is in danger and you are able to provide documented proof of this danger.

You may also request that DCBS not disclose your home address if you are a public safety officer as defined in ORS 181.610.

INSTRUCTIONS

Completing this request will make your name and address unavailable to the public. This information will be visible to the DCBS Building Codes Division and county assessment/taxation offices, but will not be available to any other parties.

You must submit supporting documents along with this request. Documents can include, but are not limited to, the following:

1. An affidavit, medical records, police reports, or court records showing that the requestor or family member residing with the requestor has been a victim of domestic violence.
2. A citation or order issued under ORS 133.055 for the protection of the requestor or a family member residing with the requestor.
3. An affidavit or police reports showing that a law enforcement officer has been contacted concerning domestic violence, other physical abuse, or threatening or harassing letters or telephone calls directed at the requestor or family member residing with the requestor.
4. A temporary restraining order or other no contact order to protect the requestor or a family member residing with the requestor from future physical abuse.
5. Court records showing that criminal or civil legal proceedings have been filed regarding physical protection for the requestor or a family member residing with the requestor.
6. A citation or court's stalking protective order pursuant to Chapter 626, Oregon Laws 1993 ORS 163.735 or 163.738, obtained for the protection of the requestor or a family member residing with the requestor.
7. A affidavit or police reports showing that the requestor or a family member residing with the requestor has been a victim of a person convicted of the crime of stalking, of violating an officer's stalking protective order, or of violating a court's stalking protective order.
8. A conditional release agreement issued under ORS 135.250-260 providing protection for the requestor or a family member residing with the requestor.
9. A protective order issued pursuant to ORS 135.873 or 135.970 protecting the identity or place of residence of the requestor or a family member residing with the requestor.
10. An affidavit from a district attorney or deputy district attorney stating that the requestor or a family member residing with the requestor is scheduled to testify or has testified as a witness at a criminal trial, grand jury hearing, or preliminary hearing and that such testimony places the personal safety of the witness in danger.
11. A court order stating that the requestor or a family member residing with the requestor is or has been party, juror, judge, attorney, or involved in some other capacity in a trial, grand jury proceeding, or other court proceeding and that such involvement places the personal safety of that individual in danger.
12. Such other documentary evidence that establishes to the satisfaction of the public body that disclosure of the requestor's home address or personal telephone number would constitute a danger to the personal safety of the requestor or of a family member residing with the requestor.
13. If you are a public safety officer, you must submit proof of your employment.

INFORMATION

Home Id # (if known): _____ X-plate # (if known): _____

Name: _____
Last First Middle

Name of eligible household member: _____
Last First Middle

Site Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

DESCRIBE YOUR SITUATION

(Attach a separate sheet if you need additional space.)

If you are not a public safety officer, you must attach copies of supporting documentation as listed in the instructions.

Signature

Date

(If you need immediate address protection, please contact DCBS at (503) 373-1309.)