



Bob Vroman, COUNTY ASSESSOR
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 propertytaxinfo@co.clackamas.or.us

Application to Suppress Owner Name from Public Disclosure

For Public Safety Officers, District Attorney, Deputy District Attorney, and Assistant Attorney General

List all property in Clackamas County you wish ownership information removed from public record

<i>Properties Requested for Suppression</i>	
<i>Assessor's Account Number</i>	<i>Property Location Address</i>

<i>Name(s) Requested for Suppression</i>	
<i>Name on Assessor's Records</i>	
<i>Mailing Address</i>	
<i>Telephone Number</i>	

<i>Authorization for Suppression</i>			
<input type="checkbox"/> <i>I am a public safety officer as defined in ORS 181.610 or attorney and make this request under ORS 192.501(32)</i>			
<i>Job Title:</i>		<i>Work Phone:</i>	
<i>Employer:</i>			

We will make every effort to protect your identification on our public records; however, please be advised that we cannot guarantee against an unauthorized person accessing information that was previously printed or archived when the name was not suppressed. In addition, we may be required to disclose information about you to other authorized agencies in the conduct of their lawful business, by court order, to a law enforcement agency, or with your consent. This application will suppress only your name in the records of the Clackamas County Assessor's office; other governmental agencies may have records that could be used to locate you. I understand that I may revoke this exemption at any time by notifying the County Assessor in writing.

I agree to provide additional documentation at the request of the County Assessor. The Clackamas County Assessor cannot guarantee that the tax statement or other notices will be delivered by the US Postal Service. Property taxes are due by November 15th each year and it is the property owner's responsibility to make sure property taxes are paid timely whether they receive notification or not.

By signing below, I certify the above information is true and correct and I understand my responsibilities in making this request.

Signature	Date
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