



**JACKSON COUNTY
ASSESSOR'S OFFICE**
10 South Oakdale Avenue, Room 300
Medford OR 97501

Information	541-774-6059
Cartography	541-774-6095
Personal Property	541-774-6094
Fax	541-774-6701

Application to Suppress Owner Name from Public Disclosure

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

Please identify all properties by both the physical address and either the assessor's account number or the map and tax lot that you desire to have ownership name(s) suppressed and attach documentation demonstrating you qualify as a Public Safety Officer as defined in ORS 181A.355, or a Civil Code Enforcement Officer.

Approval of this application means that our office will suppress only the ownership name(s) of the specific properties that you have identified on this application that is immediately available to the public upon request in person, telephone or internet in our office's records. Mailing and physical addresses, assessment and property tax information cannot be suppressed and will continue to be public record.

We will make every effort to protect your property records but our office cannot guarantee that unauthorized person(s) will not be able to access your records. Also, we may be required to disclose information about you and/or your property to authorized government agencies, financial institutions, mortgage brokers, consumer finance companies and title companies in the conduct of their lawful business. Be aware that other agencies may possess records that could be used to locate you and we urge you to contact them to determine if they offer a similar program.

Other persons, entities and agencies, including emergency services, will not have access to your name. Also, nondisclosure of your name may result in the inability of the US Postal Service to properly deliver your tax statements or other required notices. You will still be responsible for paying your taxes timely and providing any necessary documents or information to other persons, entities and agencies that may have previously used the County's records to send notices of proceedings.

It is your responsibility to notify our office in writing if you no longer are employed as a Public Safety Officer or a Civil Code Enforcement Officer, if there are changes to the ownership of the property, or you choose to no longer have ownership names suppressed. Additionally, you will need to file additional applications if you purchase other property needing name suppression.

****Applicable Fees will be Applied***

Your Name: _____
Last First MI

Phone Number: _____

Email Address: _____

(We may need to contact applicant for supporting documentation or fee, if not submitted with application.)

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

Properties Requested for Suppression	
Assessor's Account Number Or Map and Tax Lot	Property Location Address

If additional properties are to be included in this application, please attach additional pages.

Name(s) Requested for Suppression	
Name(s) on the Assessor's Records:	
Mailing Address:	

Authorization for Suppression			
Job Title:		Work Phone:	
Employer:			
*Application will not be processed without a copy of your professional ID badge or business card for verification purposes.			

<p>Basis for request (MARK ONLY ONE): I qualify for participation in the suppressed owner program because:</p> <p><input type="checkbox"/> I am a public safety officer – ORS 192.501(32).</p> <p><input type="checkbox"/> I am the district attorney – ORS 192.501(32); ORS 192.502(3); ORS 192.445.</p> <p><input type="checkbox"/> I am a deputy district attorney – ORS 192.501(32); ORS 192.502(3); ORS 192.445.</p> <p><input type="checkbox"/> I am an assistant attorney General – ORS 192.501(32); ORS 192.502(3); ORS 192.445.</p>
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I hereby certify that I am a Public Safety Officer as defined in ORS 181A.355 or a Civil Code Enforcement Officer and request that the ownership name(s) of properties owned and identified above be withheld from disclosure to the general public. I certify that to the best of my belief and understanding the information I have provided on this application is complete and accurate. I also understand that it is possible that information may be inadvertently disclosed and I hereby agree to indemnify and hold harmless Jackson County and its successors and assigns free from any and all liability arising from such inadvertent disclosure in the assessment or taxation records.

_____ Signature _____ Date _____

For Office Use Only:

Received by: _____	Date: _____
Authorization Verification: _____	Fee's Paid: _____