

State of Maryland

Confidentiality Request Form

Instructions: Please complete this form if you would like your residence address and telephone number to be designated as confidential and protected from public disclosure. Mail the completed form and documents to: **LBE mailing address.**

I, _____, (Date of birth: _____) request that my residence address and telephone number as contained in my Voter Registration Record, Candidacy Record, and any Campaign Records be designated as confidential and precluded from disclosure under State Government Article, Title 10, Subtitle 6, Part III, Annotated Code of Maryland. I am entitled to confidentiality due to the fact that I am an individual who falls under the category checked below.

Please check the applicable category and include a copy of the requested proof with this completed form.

Law Enforcement Personnel *Subject to proof of employment (for example, letter from your employer), you may be entitled to confidentiality if you are a current or former:*

- Police officer;
- Correctional employee with frequent inmate contact;
- Member of the State or Federal judiciary; or
- Prosecutor or an investigator employed by a prosecutor.

Person Being Threatened *Subject to proof of a threat to your personal safety (for example, restraining order, police report, statement from a social service agency, or other documents satisfactory to the local board), you be made be entitled to confidentiality if you are:*

- An abused spouse or other domestic partner;
- A "stalked" individual;
- An individual whose safety has been threatened by an unidentified person; or
- An individual for whom disclosure of your residence address or telephone number is likely to lead to an unwarranted and serious invasion of privacy.

Victim of or Witness to Felony *Subject to appropriate documentation satisfactory to the local board, you may be entitled to confidentiality if you are a victim of or a witness to a felony or a delinquent act that, if committed by an adult, would be a felony.*

My request for confidentiality is based on my running for public office or serving as an officer of a political campaign or both.

The following information is relevant to my request: _____

I acknowledge that, notwithstanding approval of the request for confidentiality, that the information will be made available to the jury commissioner, to other public officials as required by law, and as otherwise may be required by subpoena or other court order. Further, I waive any right of action against the State, the county, the State Board of Elections, the local board of elections, or their employees for failing to keep the information confidential. I affirm, under penalty of perjury, that the above information and any supporting documentation is true and correct.

Signature: _____

Date: _____