

CONCEALED HANDGUN LICENSE APPLICATION  
REQUEST FOR PROTECTION OF RELEASE OF PERSONAL INFORMATION  
UNDER OREGON PUBLIC RECORDS LAW

Personal Safety /Security Measures/Information of a Personal Nature (ORS 192.445(1)/ORS 192.501(23)/ORS 192.502(2))

I \_\_\_\_\_(PRINT NAME) request that my name, home address, personal telephone number, electronic mail address, date of birth or any other information of a personal nature recorded on my application for a Concealed Handgun License be exempt from disclosure under the Public Records Law for the following reason(s) (check all that apply):

My personal safety or that of a family member residing with me may be compromised if my personal information is released pursuant to a Public Records request for one or more of the following reasons:

I or a family member have been a victim of a crime of domestic violence, burglary, assault or (specify)\_\_\_\_\_.

I believe that release of my address may subject me and my family to the threat of a burglary for the purpose of stealing a handgun, thereby placing myself or my family in danger.

I believe that the public release of this information may subject me to increased danger of identity theft.

I believe that public disclosure of my personal information would constitute and unreasonable invasion of privacy for the following reason(s):

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I believe that public disclosure of my personal information would reveal or otherwise identify security measures, or weaknesses or potential weaknesses in security measures, I've taken to protect myself, family members, and/or buildings or other property.

I hereby confirm that the foregoing information is true and correct to the best of my knowledge and belief. I understand that this request is limited to information contained only in the Sheriff's Concealed Handgun License records only. This request does not include any other records of Douglas County or the Sheriff's Office. Although the Sheriff's Office will attempt in good faith to honor this request, I also understand that there is no guarantee that personal information will not be disclosed.

Dated this \_\_\_\_\_, day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature