

CONFIDENTIALITY OPTION FORM

I, _____, residing in the municipality of _____
(PRINT NAME) (MUNICIPALITY NAME)

exercise my option to keep my name and the street address of my property from being linked in a municipal public record. I understand that I am required by law to provide an alternate mailing address, such as a Post Office Box.
My mailing address is:

(MAILING ADDRESS)

If my mailing address changes, I understand that it is my responsibility to provide the Town Clerk with a current mailing address. I understand that my request shall remain confidential.

IMPORTANT INSTRUCTIONS: File with the Clerk of the municipality in which you reside.

For Municipality Use Only

Please Initial to Confirm Receipt of Above:

Clerk: _____

Department 1: _____

Department 2: _____

Lister(s): _____

Treasurer: _____