



DEPARTMENT OF ASSESSMENT
PO BOX 3020
Corvallis, OR 97339

PHONE: (541) 766-6855
FAX: (541) 766-6398

APPLICATION FOR SUPPRESSED OWNER STATUS

ASSESSMENT AND TAXATION RECORDS NAME SUPPRESSION
For public safety Officer/Civil Code Enforcement Officer
ORS 192.345 (31), (32) & (39)

PLEASE NOTE:

It is important that you identify all property that you wish the name suppression protection to apply to, by address or property ID. While we will make every effort to protect your property records, we cannot guarantee that no unauthorized person will ever be able to access your records. In addition, we may be required to disclose information about you to other authorized government agencies, in the conduct of their lawful business. You should also be aware that other records agencies (courts; county records; health agencies; etc.) might hold records that could be used to locate you. We urge you to contact these agencies and determine if they offer a similar program.

Additionally, you should be aware that submission of this application means that the County will suppress your name in the Assessment and Taxation records and other persons, entities and agencies, including emergency services, will not have access to your name. Also, the suppression 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 timely paying your taxes 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.

Your Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

NOTE: If the mailing address is the same as the situs address it will remain accessible to the public. Please provide a mailing address change.

List all properties for which name suppression is requested. Attach Additional pages if necessary.

Account #	_____	Account #	_____
All Ownership Names for Property:	_____ _____ _____	All Ownership Names for Property:	_____ _____ _____
Property Address:	_____	Property Address:	_____
	Street		Street
	_____		_____
	City, State	Zip	
	_____	_____	

I hereby certify that I am a Public Safety Officer as defined in ORS 181A.355 or other qualifying person under 192.345 and request that information about my ownership of properties owned in Benton County and identified above be withheld from disclosure to the general public. I certify that the information I have provided on this form is complete and accurate, to the best of my belief and understanding. I also understand that it is possible that information may be inadvertently disclosed and I hereby agree to indemnify and hold harmless Benton 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

Employer Name: _____ Position Title: _____

Work Phone # _____

Please be prepared to provide proof of qualification such as employee ID card, badge or other identifying document.