JOHN E. PETALAS

Lake County Auditor
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

REDACTED ADDRESS REQUEST FORM

ĺ,		, fitting the definition of a	"Covered Person" as defined
by IC 36-1-8.5-2, am hereby re	equesting that my addi	ress be restricted from the p	ublic property database
website currently being provide	ied by the Lake County	y Auditor's office. I have read	I, understand and agree with
the overall policy. I submit the	following document t	to verify my eligibility as a "C	overed Person":
× × × × × × × × × × × × × × × × × × ×	·•		(
"Covered Person" includes: (I	Please check appropria	te category)	4-
			4
Judge			
 Law Enforcement 			
 Public Official 			
 Victim of Domest 	ic Violence		
Flori Manager		fund Name	
First Name	Midale	Last Name	•
			1
Parcel Address	City		Zip Code
r arcer nauress	city		1
			1
Work Phone	Cell Phone	E-Mail Address	· · · · · · · · · · · · · · · · · · ·
		2	
			1
Job Title / Department / Office			*
The boundary of the control of the c			9.
Signed:	**************************************	_ Date:	
Parcel #:			
	POS 9601 1192 1159	AND	
PLEASE NOTE that changes in title an			
on the correct parcel and/or for a ch			itted to have the redaction reinstated
on the correct parce, and, or you a circ	ange of manner rijee of paor	oo mii oo margea jor mese daami	ma requests.
IMPORTANT: Changes in the Redocte			
existing covered persons. Please revi	ew the Auditor's page of th	e Lake County website for potentia	changes.
	OFFICE USE ONLY BEL	OW THIS LINE	
			Ĭ
Received by:		Date:	
		ř.	\
OFFICE SIGN-OFF VERIFICATION (Open Public Internet Site	?}:	ı
AUDITOR: D	ata.	TDEACHDED	Pater
ASSESSOR: D		TREASURER: SURVEYOR:	Date:
	ate:		