

**APPLICATION FOR REQUEST OF RECORDS PROTECTION
BY AT-RISK GOVERNMENT EMPLOYEES AND PUBLIC SAFETY EMPLOYEES**

INSTRUCTIONS:

Utah Code Ann. §§ 63G-2-303 and 53-18-103 allow for protection of certain records of certain current or former “at-risk government employees” and grant additional records protection for public safety employees, including law enforcement officials, who request that their records containing specific personal information about themselves or an eligible family member be protected from disclosure to the public. Law enforcement officers are both at-risk government employees and public safety employees.

If you wish to have your or your eligible family member’s records protected from public disclosure you may fill out this application, sign the application, and have it signed by the highest ranking elected or appointed official in your chain of command certifying that you are an at-risk government employee or law enforcement officer. Return the application by email to: Millard County Assessor at lfitch@millardcounty.gov; Millard County Auditor at bsmith@millardcounty.gov; Millard County Clerk at mrowley@co.millard.ut.us; Millard County Recorder at smanis@millardcounty.gov; and Millard County Treasurer at kcamp@millardcounty.gov.

EXPIRATION / RESCISSION OF APPLICATION: The protections under this form will remain in effect until the earlier of: (i) four years after the date the employee signs the form, whether or not the employee’s employment terminates before the end of the four-year period, and (ii) one year after the government agency receives official notice of the death of the employee. It is the employee’s responsibility to reapply every four years or whenever the employee’s personal information changes. A form may be rescinded at any time by: (i) the employee who submitted the form, or (ii) the employee’s family member if the employee is deceased.

RELEASE OF RECORDS: Records protected pursuant to this application will be released if/when (i) the applicant gives written consent to release the records, (ii) a court orders release of the records, (iii) the application expires or is rescinded, or (iv) Millard County receives a request for the release of the records accompanied by a certified copy of the applicant’s death certificate.

DISCLAIMER: An at-risk government employee requesting the classification with a disclaimer may not receive official announcements affecting the employee’s property, including notices about proposed annexations, incorporations, or zoning modifications.

APPLICATION:

I, _____, hereby request that the following records, which contain my personal information be classified as private pursuant to Utah Code Ann. § 63G-2-303, for myself and / or immediate family members residing with me at the address listed below. Excluding the applicant’s spouse, for immediate family member requested to be protected, an addendum must be submitted with the application

Full Legal Name:	Date of Birth:	Telephone:	Mobile / Pager:
Address:	City, Zip	Parcel ID:	
Email:	Spouses Maiden Name if Married:	Spouses Date of Birth:	

AT-RISK GOVERNMENT EMPLOYEE:

I am a current (or former) at-risk government employee, as defined in Utah Code § 63G-2-303, as I hold or (held) the following position:

- ☐ Peace officer as specified in UCA § 53-13-102;
- ☐ State or federal judge of an appellate, district, justice, or juvenile court, or court commissioner;
- ☐ Judge authorized by Title 39, Chapter 6, Utah Code of Military Justice;
- ☐ Judge authorized by Armed Forces, Title 10, United States Code;
- ☐ Federal prosecutor;
- ☐ Prosecutor appointed pursuant to Armed Forces, Title 10, United States Code;
- ☐ Law enforcement official as defined in UCA § 53-5-711;
- ☐ Prosecutor authorized by Title 39, Chapter 6, Utah Code of Military Justice; or
- ☐ State or local government employee who, because of the unique nature of the employee’s regular work assignments or because of one or more recent credible threats directed to or against the employee, would be at immediate and substantial risk of physical harm if the employee’s personal information is disclosed.

I am seeking to protect certain records for myself and/or my immediate family members and acknowledge that by checking any boxes of immediate family members, I acknowledge such family members must currently live with me:

- | | | |
|---------------------------------|-------------------------------------|--------------------------------------|
| ☐ Self | ☐ Child(ren) | ☐ Parent |
| ☐ Spouse | ☐ Sibling | ☐ Grandparent |

I request that Millard County classify the following records or parts of records as private for myself and/or immediate family members:

- | | | |
|---|---|---|
| ☐ Home address | ☐ Personal page number | ☐ Marital status |
| ☐ Home telephone number | ☐ Personal email address | ☐ Payroll deductions |
| ☐ Personal mobile telephone number | ☐ Social security number | |
| | ☐ Insurance coverage | |

PUBLIC SAFETY EMPLOYEE:

I am a public safety employee, as defined in Utah Code Ann. § 53-18-103, in that:

- ☐ I am a law enforcement officer
☐ I am a dispatcher
☐ I am, or retired as, an employee or contractor of a law enforcement agency or correctional facility.

I request that Millard County remove or conceal my personal information from Millard County's publicly accessible websites and databases: the following records or parts of records as private for myself and/or immediate family members:

- | | | |
|---|---|---|
| ☐ Home address | ☐ Personal email address | ☐ Insurance coverage |
| ☐ Home telephone number | ☐ Personal photographs | ☐ Marital status |
| ☐ Personal page number | ☐ Photographs of home | ☐ Payroll deduction |
| ☐ Personal mobile telephone number | ☐ Photographs of vehicle | |
| | ☐ Social security number | |

ALL APPLICANTS:

By execution and submission of this application, I, the undersigned applicant, understand, acknowledge, and agree to the following:

1. The title to the property requested to be classified as private is held in my name.
2. This request applies only to documents which are listed above or attached hereto.
3. The protection provided by implementing this request is limited. A title researcher may still trace my address through the chain of title.
4. Each time applicable documents are recorded after processing of this application; a new application must be filed to cover those documents.
5. It is my responsibility to monitor each office in which applications have been filed for records which have not been included in this application and file new applications with respect to such records.
6. This application remains in effect until the earlier of four years after the date which this application was signed by me or one year after official notice of my death is transmitted by my immediate family or my employing agency.
7. That I, or my immediate family if I am deceased, may rescind this application at any time.
8. By submitting this form, I may not receive official announcements affecting my property, including notices about proposed municipal annexations, incorporations, or zoning modifications.
9. I agree to defend indemnify, and hold harmless Utah County, its officers and employees from all demands, claims and actions of the parties caused directly or indirectly by the submission and implementation of this Application for Records Protection

Applicant:

Name: _____
Signature: _____
Date: _____

All applicants must obtain the signature of the highest ranking elected or appointed official ("Official") in the employee's chain of command:

Applicant is a(n):

- ☐ At-risk government employee
☐ Public safety employee

Official:

Name: _____
Signature: _____
Title: _____
Date: _____

ADDENDUM:

**MUST BE COMPLETED WHEN APPLICANT APPLIES FOR PROTECTION OF RECORDS OF
IMMEDIATE FAMILY MEMBERS: (OTHER THAN SPOUSE)**

Full Legal Name of Immediate Family Member:		Date of Birth:
Address:		City, Zip:
Relationship to Applicant:	☐ I acknowledge such immediate family member currently resides in the same home as applicant.	

Full Legal Name of Immediate Family Member:		Date of Birth:
Address:		City, Zip:
Relationship to Applicant:	☐ I acknowledge such immediate family member currently resides in the same home as applicant.	

Full Legal Name of Immediate Family Member:		Date of Birth:
Address:		City, Zip:
Relationship to Applicant:	☐ I acknowledge such immediate family member currently resides in the same home as applicant.	

Full Legal Name of Immediate Family Member:		Date of Birth:
Address:		City, Zip:
Relationship to Applicant:	☐ I acknowledge such immediate family member currently resides in the same home as applicant.	