

PUBLIC OFFICIAL REQUEST FOR HOME ADDRESS CONFIDENTIALITY

I,(Name of Elected or Appo	, request	to have my home add	dress designated as confidential
within election and financial related		.37 NMAC. I underst	and that I am required to provid
a valid alternate mailing address wh	•		1 1
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My home address to be redacted is:	Residence Address	City	, NM
My alternate mailing address to be used in public records is:			NIM
	Residence Address	City	NM
I understand that my home	address shall not be publicly	y disclosed or publis	hed on a government website so
long as I remain qualified for this de	esignation or otherwise do n	ot voluntarily withdr	raw from this program in writing
by filling out the required form and	returning it to the Secretary	of State. I understa	and that it is my responsibility to
resubmit this form every two years b	y February 1st of that calend	lar year. I further und	erstand that limitations on public
disclosure do not extend to judicial j	proceedings.		
order to prevent the unwanted disclo in any other publicly available locat the Secretary of State, nor will the S	ions after signing this form,	its disclosure is not t	he responsibility of the Office o
	Signature of Declar	urant	
	Email Address		Phone Number
State of:	_		
County of:	-		
Signed and sworn to (or affirm	ed) before me on the		, 202,
by	·		
		Signature of notarial	officer
		Title	