

[NAME]  
[ADDRESS]  
[TOWN]

RE: Law Enforcement Confidentiality Program

Dear Eagle County Attorney:

Please remove my name and information from the Address Confidentiality Program. I understand this will result in my personal information being made available to the public upon request.

[NAME]

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ )  
  )  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ (name of person acknowledged), its  
\_\_\_\_\_ (title) of \_\_\_\_\_  
(name of corporation).

NOTARY PUBLIC  
Print Name: \_\_\_\_\_

My commission expires:  
\_\_\_\_\_