



## REQUEST FOR REMOVAL OF ONLINE INFORMATION

In accordance with § 18-9-313 C.R.S., the undersigned individual requests that the Teller County Assessor remove personal information available online from its website. By signing this form, I acknowledge that I meet the definition of one of the categories for a protected person outlined in CRS 18-9-313 or HB 24-1104.

- Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- Account Number: \_\_\_\_\_

I own other property or mobile home(s) in Teller County. YES NO Account Number(s) \_\_\_\_\_  
I agree that it is my responsibility to notify the Assessor of any change of address or employment status.

As outlined in §18-9-313 C.R.S. or HB 24-1104, I certify that I meet the statutory requirements as one of the professions listed below (please check the appropriate option):

_____ Child Representative	_____ Code Enforcement Officer	_____ Educator
_____ Health Care Worker	_____ Human Services Worker	_____ Judge
_____ Mortgage Servicer	_____ Peace Officer	_____ Prosecutor
_____ Public Defender	_____ Firefighter	_____ Public Safety Worker
_____ Reproductive Health-Care Services Worker	_____ Officer or agent of the state bureau of animal protection	
_____ Animal Control Officer	_____ Office of the respondent parent's counsel staff member or contractor	

\_\_\_\_\_  
Requesting Person

\_\_\_\_\_ Check if judicial official  
(Please include business card)

### Supervisor's Certification

I, \_\_\_\_\_, \_\_\_\_\_  
[name] [title/position]

of \_\_\_\_\_ certify that the aforementioned person is employed  
[agency]

as \_\_\_\_\_ of this agency.  
[title/position]

_____ Signature of Supervisor	_____ Contact Telephone Number	_____ Date
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### For Office Use Only

Date Received: \_\_\_\_\_  
Entered by: \_\_\_\_\_

PO BOX 1008, CRIPPLE CREEK, CO 80813  
719-689-2941 (Phone) 719-689-0988 (Fax)  
<http://www.co.teller.co.us/Assessor>