

**REQUEST FOR PEACE OFFICER CONFIDENTIALITY
FOR SECRETARY OF STATE OR LOCAL VOTER REGISTRATION OFFICE**

Pursuant to Section 552.1175 of the Government Code, if you are a peace officer, county jailer, current or former employee of the Texas Department of Criminal Justice, or a commissioned security officer, you may request that information in the voter registration records identifying your home address, home telephone number, social security number, or whether you have relatives be restricted from public access. By completing and submitting this form to the County Elections Administration Department, you are requesting the confidentiality of the voter registration information as stated above. You must attach a photocopy of documentation showing that you are eligible for confidentiality. If you want to rescind this confidentiality request, you must do so in writing to the County Elections Administration Department.

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| Step 1: Identify Person Requesting Confidentiality | Name | Date of Birth |
| | Residence Address (number and street) | |
| | City, State, Zip Code | |
| | Voter Registration Number | County of Residence Galveston |
| Step 2: Qualification (check one) | <input type="checkbox"/> Peace Officer (as defined by Article 2.12, Code of Criminal Procedure) <input type="checkbox"/> County Jailer (as defined by Section 1701.001, Occupations Code) <input type="checkbox"/> Current or former employee of the Texas Department of Criminal Justice <input type="checkbox"/> Commissioned Security Officer (as defined by Section 1702.002, Occupations Code) | |
| Step 3: Evidence of Status | <input type="checkbox"/> I have attached a photocopy of documentation showing evidence of my qualification (proof of the qualification claimed above on Step 2). | |
| Step 4: Sign and Date | I certify that the information in this document and any information attached are true and correct to the best of my knowledge and belief. Sign Here ► _____ Date ► _____ | |
| Step 5: Return this form | Return this form to: Galveston County Voter Registrar 722 Moody Avenue Galveston, TX 77550 Or fax to: 1-409-766-2479 | |
| For Office Use Only | Certificate # _____ Documentation received? <input type="checkbox"/> Yes <input type="checkbox"/> No Confidentiality Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Voter Reg. Dept. Signature _____ Date _____ Comments: _____ | |
| <p>If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.</p> <p>By filing this document with the Secretary of State or the local voter registration office, information in the voter registration records that identifies your home address, home telephone number, social security number, or whether you have relatives will be restricted from public access until you rescind the request in writing. However, pursuant to Attorney General Open Records Decision No. 678, the information will be available for the official use of the local voter registration, the state, and political subdivisions of the state.</p> | | |