



# At-Risk Employee Application

## Notice and Request for Davis County to Classify Certain Records as Private

Applicant's Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

I  RENT  OWN this property.

Address 2: \_\_\_\_\_

I  RENT  OWN this property.

*(Include the addresses of all properties to be made private.)*

I hereby give notice to Davis County that I am a current or former (mark the most applicable box/boxes below):

- |  |   |
|--|---|
| <input type="checkbox"/> Supreme Court Justice<br><input type="checkbox"/> United State Attorney or assistant U.S. Attorney<br><input type="checkbox"/> Peace officer as specified in UCA § 53-13-102<br><input type="checkbox"/> State or federal judge of an appellate, district, justice, or juvenile court, or court commissioner<br><input type="checkbox"/> Judge authorized by Title 39, Chapter 6, Utah Code of Military Justice | <input type="checkbox"/> Federal prosecutor<br><input type="checkbox"/> Judge or prosecutor appointed pursuant to Armed Forces, Title 10, United States Code<br><input type="checkbox"/> Law enforcement official as defined in UCA § 53-5-711<br><input type="checkbox"/> Prosecutor authorized by Title 39, Chapter 6, Utah Code of Military Justice<br><input type="checkbox"/> State or local government employee authorized by UCA § 63G-2-303(1)(a)(ix) |
|--|---|

List any family members **over the age of 16 who are currently living with the at-risk employee**. "Family Member" defined herein as a spouse, child, sibling, parent, or grandparent of the at-risk government employee.

_____	_____	_____
_____	_____	_____

Indicate which of the following records are to be made private for the applicant and/or family members.

<u>Record Name</u>	<u>County Agency holding Record</u>	<u>Applicant Only or Both</u>
<input type="checkbox"/> Marriage License	Clerk/Auditor	
<input type="checkbox"/> Voter Records	Clerk/Auditor	
<input type="checkbox"/> Property Records, Parcel Information, Tax Records	Recorder/Assessor/Treasurer	
<input type="checkbox"/> Personnel Records (if employed by Davis County)	Human Resources Department	

### Acknowledgements, Understanding, and Agreements

By executing this document:

1. I understand and acknowledge this application shall expire four years from the date of this signature. After which, I will need to reapply to maintain the record's privacy;
2. I understand, acknowledge and agree that I may not receive certain notices and/or announcements, official or otherwise, including but not limited to: notices about valuation, tax, annexations, incorporations, or zoning modifications;
3. I agree to, after July 20 of each year but prior to August 15 of each year, request from the Davis County Treasurer a proposed tax notice for my property (if applicable);
4. I agree to, after October 15 of each year but prior to November 1 of each year, request from the Davis County Treasurer an actual tax notice (if applicable);
5. I agree to, on or before September 30 of each year, contact the Davis County Treasurer and ensure that the tax bill from my property is sent to the correct lending institution, if a lending institution pays my property taxes;

6. I understand, acknowledge, and agree this document applies only to the records listed on the application;
7. I understand, acknowledge, and agree the protections provided by implementing this document are limited;
8. I understand, acknowledge, and agree that each time applicable records are recorded after processing this document I will be responsible to file a new application in order to make private such newly recorded records;
9. I understand and acknowledge that if I rent property the County is unable to make the property records private;
10. I understand, acknowledge, and agree that it is my responsibility to monitor each office/agency/department 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.

**Release of Records**

By executing this document, I understand, acknowledge and agree that the records classified as private as a result of this document will be released if:

1. The at-risk government employee gives Davis County written consent to release the records;
2. Davis County is ordered by a court to release the records; or
3. Davis County receives a request for the record(s) accompanied by a certified copy of the at-risk employee’s death certificate.

**Indemnification**

I agree to defend, indemnify, and hold harmless DAVIS COUNTY and its officers, employees, and agents from all demands, claims, and actions caused directly or indirectly by the submission and implementation of this document.

**Affirmative Request for At-Risk Employee and applicable family members**

I hereby affirmatively request Davis County to classify the following records or parts of such records which may contain my or my applicable family members’ records defined as *private* pursuant to UCA § 63G-2-303.



Certifying Official’s Name: \_\_\_\_\_

Certifying Official’s Signature: \_\_\_\_\_

*(A certifying official is the highest ranking elected or appointed official in the applicant’s chain of command as defined by UCA § 63G-2-303.)*

By signing below I, the applicant, am affirming the information provided is true and accurate to the best of my knowledge, and that I understand my responsibilities as the applicant to ensure the continued accuracy and protection of the record(s).

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**FOR DAVIS COUNTY USE ONLY**

1. Indicate identification type and agency name, if shown: \_\_\_\_\_
2. Did the applicant indicate which records are to be made private and for whom?    YES    NO
3. Did the applicant receive a copy of the completed application?    YES    NO

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_