

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

**AFFIDAVIT IN SUPPORT OF APPLICATION TO RESTRICT PUBLIC ACCESS TO  
ADDRESS AND TELEPHONE NUMBERS IN SPECIFIED PUBLIC RECORDS  
PURSUANT TO A.R.S. §§ 11-483, 11-484, 16-153, AND/OR 28-454  
FOR USE ONLY BY PUBLIC EMPLOYEES OR OFFICIALS LISTED IN ITEM 3 ONLY)**

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM AND  
PRINT ALL REQUIRED INFORMATION IN BLACK INK**

1. I, \_\_\_\_\_, make the  
Full legal name  
following statements under oath:

2. I submit this affidavit pursuant to (*check only the types of records you are seeking to protect*):

(*For County Recorder records*) A.R.S. §11-483, and request that the court order sealed for five years my residential address and phone number appearing in instruments and writings recorded by the County Recorder and the unique identifiers and recording dates contained in indexes of recorded instruments maintained by the County Recorder.

(*For County Assessor records*) A.R.S. §11-484, and request that the court order sealed for five years my residential address and phone number appearing in instruments, writings and information maintained by the County Assessor.

(*For County Treasurer records*) A.R.S. §11-484, and request that the court order sealed for five years my residential address and phone number appearing in instruments, writings and information maintained by the County Treasurer.

(*For voter registration records*) A.R.S. §16-153, and request that the court order sealed for five years my residential address and phone number and voting precinct number and those of any individuals identified in item 12 below that appear in voter registration records.

(*For Motor Vehicle Division records*) A.R.S. §28-454, and request that the court order sealed my residential address and phone number and those of any individuals identified in item 14 below that appear in Motor Vehicle Division records. I understand that the order to seal MVD records has no automatic expiration. Address Confidentiality Program participant records are not eligible for sealing under this provision.

3. I am eligible because I am a(n) (check the description that applies to you):

Address Confidentiality Program participant

Judge or Former Judge

Border Patrol Agent

Justice

Code Enforcement Officer

Law enforcement Support Staff

Commissioner

National Guard member supporting a  
Law Enforcement Agency

Corrections or Detention Officer

Peace Officer or Peace Officer's Spouse

Corrections Support Staff

Probation officer

- Executive Clemency Board Member
- Firefighter assigned to the Department of Public Safety Counterterrorism Center
- Former Public Official
- Prosecutor
- Public Defender
- Spouse or Minor child of a Deceased Peace Officer

as provided in A.R.S. §11-483 (N), SS11-484(K), §16-153(K), or §28-454(K).

4. I am employed by or was formerly employed by (organization name):

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5. My current job title and duties include:

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6. I believe that my life or safety or that of my family or other persons living at my residence, is in danger of physical harm for the following reasons:

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7. *(Optional – complete this item ONLY if you need immediate record protection)* I request immediate action for the following reasons:

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8. Restricting public access to the records I selected in item 2 above will serve to reduce the danger I described in item 6 for the following reasons:

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