

## REQUEST TO WITHHOLD VOTER INFORMATION FROM PUBLIC INFORMATION LIST

### Instructions

Voters may request their voter information be withheld from the public information lists derived from Minnesota's Statewide Voter Registration System if they believe it is required for their own safety, or the safety of their family. To do so, complete and sign this form, and return it to your County Auditor. Contact information can be found on the [Office of Secretary of State website](http://www.sos.state.mn.us) (<http://www.sos.state.mn.us>) under Election Official Directory. This form may be attached to a voter registration application and submitted at the same time.

### Voter Information

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Date of Birth

### Statement

I hereby request that my name be withheld from the public information list of voters maintained in the statewide voter registration system. If a voter registration application is not attached to this form, I am currently registered to vote at the name and address above. I certify that this request is required for either my safety or the safety of my family, as provided in *Minnesota Statutes* 201.091, subdivision 4.

Signature

Date