



## OPT-OUT FORM FOR CALIFORNIA ELECTED OR APPOINTED OFFICIALS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Opt-Out

NOTICE: Pursuant to California Government Code section 6254.21 and California Penal Code 146.e, written demand is hereby made, that you, your officer, employees, associates, affiliates, agent assigns, and all others under your direction or control immediately cease and desist public display of my home address, telephone number or other personal information on the internet or otherwise. Pursuant to California Government Code 6254.21 section (d)(i) you have 48 hours to remove my information from your website upon receipt of this notice, or you will be in violation of said code. If you are found to violate these provision of the Code, you may be liable to pay at least \$1,000 in fines and damages of at least \$4000.

I am a Peace Officer within meaning of said California law, a copy of which is attached.

Demand is made that the persons and entities referred to above desist from using the information provided herein for any purpose other than complying with the demands stated herein. The personal information below is supplied solely to enable compliance with those demands. I specifically withhold, and as necessary withdraw, any authority anyone might claim to have to disclose, disseminate, publish or further distribute in any way any of the personal information of myself, of my spouse, and/or my children.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Agency-Title: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse/Domestic Partner (DOB): \_\_\_\_\_

Children's Names (DOB): \_\_\_\_\_  
\_\_\_\_\_

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

The above person is employed in such a capacity that the availability of their personal information puts them and their family in harm's way. It is illegal to sell, post, disseminate, publish or otherwise release said persons' names, addresses, and dates of birth, phone numbers or other personal information pursuant to the laws.

This form is being provided by U.S. Legal Services for the members of the CCPOA Benefit Trust.

U.S. Legal Services  
8133 Baymeadows Way, Jacksonville, FL 32256  
(800) 356-5297  
www.uslegalservices.net