

[NAME]  
[ADDRESS]  
[TOWN]

RE: Law Enforcement Officials and Protected Persons

Dear Eagle County Attorney:

Please remove my name and information from the Law Enforcement Officials and Protected Persons program. I understand this will result in my personal information being made available to the public upon request.

[NAME]

\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ its \_\_\_\_\_  
(name of person acknowledged) (Title)

\_\_\_\_\_  
(name of corporation)

NOTARY PUBLIC

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

My commission expires: \_\_\_\_\_