



One Provost Square · Caldwell, NJ 07006 · 973-226-6100 · Fax 973-403-1355

CERTIFICATION AND REQUEST - NON-DISCLOSURE OF MOD IV DATA

P.L. 2020, C. 125 (“DANIEL’S LAW”)

Daniel’s Law, effective November 20, 2020, prohibits disclosure of certain personal information under certain circumstances of active, formerly active, and retired judicial officers, prosecutors, and law enforcement officers (“Protected Persons”), and their immediate family members and establishes criminal and civil penalties for disclosing such information.

I, [Please Print Name] _____, certify that I have read and understand Daniel’s Law and that the information provided by me below and in support of this Certification to the Borough of Caldwell requesting redaction of MOD IV data, including the required proof of Protected Person status, are in order to comply with the Borough of Caldwell’s obligation under Daniel’s Law.

I certify that I own the below property within the Borough of Caldwell where I or a Protected Person resides:

Address: _____ **Block:** _____; **Lot:** _____; **Qualifier:** _____

I certify that I am one of the following:

- Active, Former or Retired Judicial Officer, Prosecutor, or Law Enforcement Officer
- Immediate Family Member of any of the above under N.J.S.A. 47:1A-1.1

If an Immediate Family Member, please list the Protected Person, relationship, and title below:

I certify that any information provided in and for this application **DOES NOT INCLUDE** any information which discloses a Social Security number, telephone number, or driver’s license of any Protected Person.

I certify that I have read and understand that this opt-in may impact certain rights, duties, and obligations, including but not limited to; receipt of notices from non-governmental entities, signing of petitions related to elections, eligibility for elected public office, and/or notification for class action suits or other legal and/or commercial notices required a name and address.

I hereby certify that the above forgoing statements and information provided by me are true and accurate, and that if they are willfully false, I am subject to punishment.

Signature: _____ Date: _____

Assessor Use Only

- Approved
- Denied - If Denied, Reason _____

Assessor Signature: _____ Date: _____