



The Office of the Municipal Clerk
Borough of Ringwood

DANIEL'S LAW OPT-IN REQUEST FORM

The covered person/requestor acknowledges and understands that submission of this form authorizes and grants permission to the agency to remove/redact the permanent primary residence information from their records.

1. Name: _____

2. Position or Title: _____

3. Address: _____

City: _____ State: _____ Zip Code: _____

4. Email Address: _____

5. Phone Number: _____

6. I Certify that I am a: _____ Judge _____ Law Enforcement Officer
 _____ Prosecutor _____ Immediate Family Member

7. If immediate family member, please specify Name, Title (i.e.: Judge, Prosecutor, or Law Enforcement Officer) and relationship to stated official.

8. Signature of Official: _____ Date: _____

9. Immediate Family Member Signature: _____ Date: _____

❖ Please note a separate form must be submitted for each immediate family member living in the primary residence.

❖ **All Forms** are to be submitted via mail or in person and **NOT** submitted electronically.

Mailing Address: Borough of Ringwood
60 Margaret King Avenue
Ringwood, NJ 07456
Attn: Nicole Langenmayr, RMC

Please mark envelope: **CONFIDENTIAL**

FOR OFFICE USE ONLY

Date Request Received: _____

Municipal Clerk Signature: _____

Notes: _____
