

TOWNSHIP OF VERONA
COUNTY OF ESSEX, NEW JERSEY



REQUIREMENTS FOR COVERAGE - NON-DISCLOSURE OF MOD IV DATA
P.L. 2020, C. 125 ("DANIEL'S LAW")

Please provide the following information and documentation for coverage under Daniel's Law:

1. Completion and submission of the Daniel's Law Opt-In Request Form for the Protected Person by either the Protected Person or an immediate family member owning property within which a Protected Person resides. If redaction of more than one property is being requested, a separate form for each property is required.
2. Proof of current or past employment of one of the following:
 - a. Federal, State, or Municipal Courts as a Judicial Officer;
 - b. Federal, State, or Local Law Enforcement Officer; and
 - c. Federal, State, or Local Prosecutor.

This proof may be in the form of a current I.D., retirement benefit statement, or appropriately descriptive discharge papers.

TOWNSHIP OF VERONA
COUNTY OF ESSEX, NEW JERSEY



PROTECTED PERSON DISCLOSURE FORM – MOD IV DATA
P.L. 2020, C. 125 (“DANIEL’S LAW”)

I, [Please print name] _____, hereby certify that I am the
owner of property within the Verona and located at:

Address: _____

Block: _____; Lot: _____; Qualifier: _____

And that certain information is currently confidential and redacted under Daniel’s Law and
therefore is protected from being published, distributed and/or reproduced.

I acknowledge that under Daniel’s Law, provision may be made for the limited release of said
certain information after a written request and certification. Pursuant to this provision, I hereby
request and grant permission to the Verona to disclose property information to the following
individual or corporation: _____ and to be
used only for the following purpose:

I acknowledge that if the purpose as stated above changes, I must submit a new request.

Signature of Property Owner

Date

TOWNSHIP OF VERONA
COUNTY OF ESSEX, NEW JERSEY



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 Verona requesting redaction of MOD IV data, including the required proof of Protected Person status, are in order to comply with Verona obligation under Daniel's Law.

I certify that I own the below property within the Verona 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: _____

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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: _____