



Township of Montclair 205 Claremont Ave

Montclair, NJ 07042

tel: 973-509-4920

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George F. Librizzi
Tax Assessor
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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.



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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 Township of Montclair 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 Township of Montclair 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



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

I, [Please print name] _____, hereby certify that I am requesting the disclosure of information protected under Daniel’s Law.

I further certify that I am employed by _____

and I am requesting the protected information for the purpose of:

I further certify that I have obtained the prior consent of the Protected Person and will only use the requested information of the stated purpose.

I further certify that neither I, nor my employer, shall disclose the requested information to a third party.

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

Title

Date



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

I certify that I own the below property within the Township of Montclair 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:

Montclair is an affirmative action/equal opportunity employer.