



Secretary of State

Kim Wyman

Address Confidentiality Program

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CHANGE OF ADDRESS NOTIFICATION

Due before _____

If your change of address request is not received by the due date, your participation may be cancelled.

Remember, State law requires ACP participants to send notice, in writing, at least two (2) days BEFORE moving.

Name: _____ ACP authorization/PMB #: _____

When should the ACP begin forwarding mail to your new address? _____
Month / Day Year

Other family members affected: (spouse*, children?): _____

New Home Address

Home address is required for ACP participation

Address: _____

City: _____, WA Zip Code: _____

Mailing Address

If you have an alternate address (such as a PO Box) where you want the ACP to forward your mail

Address: _____

City: _____, WA Zip Code: _____

Why can't the ACP forward your mail to your home? _____

Telephone Number(s)

The ACP will not call you at a phone number you haven't provided our office in writing.

Telephone #1: (_____) _____ Home Work Cell

Telephone #2: (_____) _____ Home Work Cell

The ACP cannot send your mail to a new address without your signed request.

Sign here >> _____

(*ALL adults) My signature confirms the information I provided on this form is true and correct.

Please MAIL this completed form to ACP, PO Box 257, Olympia, WA 98507-0257 or FAX it to (360) 586-4388

Please note: If you submit a USPS Official Mail Forwarding Change of Address Order to your new address, it will not be confidential. To keep your address confidential provide it only to the ACP and those you trust to send mail directly to you.