



# Cancellation Form



Please include your ACP authorization card(s) with this form

Name (required)		PMB Number (required)	
Actual Residential Address	City	State	Zip Code
Forwarding Address	City	State	Zip Code
Reason for cancelling participation (optional):			
<b>Read each statement below and acknowledge your understanding by initialing the box next to each statement:</b>			
<b>Initials</b>	I am willingly cancelling my participation in Address Confidentiality Program. I understand that by cancelling my participation in the program, I can no longer use ACP services or use the ACP substitute address on any documents or forms of identification as my address of residence.		
<b>Initials</b>	I understand that upon cancellation in this program, any mail received at the ACP substitute address for me will be returned to sender.		
<b>Initials</b>	I understand that upon my cancellation, other ACP participants in my household will also be cancelled from the program, unless they make separate arrangements.		
<b>Initials</b>	I understand that I need to update agencies and organizations that my address is no longer the ACP substitute address.		
<b><i>By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this form is true and correct.</i></b>			
Signature			Date

## Return Form to:

Address Confidentiality Program  
PO Box 257  
Olympia, WA 98507-0257