



Change of Information



Return Form to ACP:

By Mail	By Fax
Address Confidentiality Program PO Box 257 Olympia, WA 98507-0257	360-586-4388

PMB Number (Required):

When should ACP begin forward mail to your new address?
Month / Day Year

I'm using this form to update (please mark as applicable):	
New Residential Address	New Phone Number or Email
New Mailing Address	Add or Remove Household Member(s) (adults over 18 must apply to ACP)
New Legal Name (documentation required: e.g. court order, dissolution paperwork)	Other (please explain):

Current/Former Name (required)	New Legal Name (if applies)		
New Actual Residential Address	City	State	Zip Code
New Mailing Address	City	State	Zip Code
New Phone Number	New E-mail Address		

Household Member Change(s): Add or Remove Dependents under 18 *Adults 18 and over please call ACP at 360-753-2972		
Dependent Name	Add or Remove	Date of Birth
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

Signature:	Date:
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