



## 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

Address 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

Telephone #3: (\_\_\_\_\_) \_\_\_\_\_  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**