



Cancellation form

Name

PMB Number

Forwarding Address* (optional)

City

State

Zip Code

Date ACP should cancel my participation and forward my mail if indicated

Reason for cancelling participation (optional)

Read each statement below and acknowledge your understanding by initialing next to each statement:

I am cancelling my participation in Address Confidentiality Program (ACP).

I understand that once I am cancelled, I can no longer use ACP services or use the ACP substitute address as my address of residence.

I understand that all of my mail received at the ACP substitute address will be returned to sender.

I understand when I am cancelled from ACP, all members of my household will also be cancelled. They must reapply for the program.

I understand that ACP does not update agencies and organizations with my address. I will need to contact them to make sure they have the correct address on file.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Signature

Date

Return Form to:

Address Confidentiality Program

PO Box 257

Olympia, WA 98507-0257

Fax: 360-586-4388

* ACP can only forward mail for 30 days before cancelling participation.