



# Change of information

Name

PMB number          Date ACP should make the update(s):

**I'm using this form to update (please mark as applicable):**

- |                     |  |
|---------------------|--|
| Residential address | Email address  |
| Mailing address     | Legal name (supporting documents required)               |
| Phone number        | Trust name   |
| Business name       | Household members (adults 18 or older must apply to ACP) |

**Information to be updated:**

New actual residential address

City State      Zip Code

Mailing address is the same as residential address.

New mailing address

City State      Zip Code

New phone number                          New e-mail address

Former name (if applies)                          New legal name (if applies)

New business name                          New trust name

**Household member change(s) add or remove dependents under 18**

Adults 18 and over please call ACP at 360-753-2972

Dependent name	Date of birth	Relationship	Add	Remove
Dependent name	Date of birth	Relationship	Add	Remove
Dependent name	Date of birth	Relationship	Add	Remove

Signature Date

**Return Form to:**

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