



Cancellation Form



Name (required)		PMB Number (required)	
Forwarding Address* (optional)	City	State	Zip Code
*ACP can only forward mail for 30 days before cancelling participation.			
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 the box next to each statement:	
Initials	I am cancelling my participation in Address Confidentiality Program (ACP).
Initials	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.
Initials	I understand that any of my mail received at the ACP substitute address will be returned to sender.
Initials	I understand when I am cancelled from ACP, all members of my household will also be cancelled. They must reapply for the program.
Initials	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.

<i>By signing below, I acknowledge that I have read, understand, and agree with the above statements.</i>	
Signature	Date

Return Form to:
Address Confidentiality Program
PO Box 257
Olympia, WA 98507-0257

Fax: 360-586-4388