



# Change of Information



Name: \_\_\_\_\_ PMB Number: \_\_\_\_\_

Date ACP should make the update(s): \_\_\_\_\_

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

<input type="checkbox"/> New Residential Address	<input type="checkbox"/> New Email Address
<input type="checkbox"/> New Mailing Address	<input type="checkbox"/> New Legal Name (supporting documents required)
<input type="checkbox"/> New Phone Number	<input type="checkbox"/> Add a Trust Name
<input type="checkbox"/> Add a Business Name	<input type="checkbox"/> Add or Remove Household Members(s) (adults 18 or older must apply to ACP)

My New Actual Residential Address	City	State	Zip Code
My New Mailing Address	City	State	Zip Code
My New Phone Number	My New E-mail Address		
My Former Name (if applies)	My New Legal Name (if applies)		
My New Business Name	My 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	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: \_\_\_\_\_

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