

# 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.