

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

Signature Date

Return Form to:

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