



# Address Confidentiality Program Change or Withdrawal Notice

For ACP use ONLY

Please fill out all applicable sections of this form prior to submitting

NAME: \_\_\_\_\_ ACP CODE: \_\_\_\_\_

**SECTION 1: Type of Change** - Please check the appropriate box(es)  
**\*SIGNATURE IS REQUIRED IN SECTION 4**

- NEW **RESIDENTIAL** ADDRESS
- NEW **MAILING** ADDRESS
- NEW **TELEPHONE** NUMBER       NEW **EMAIL** ADDRESS (A PHONE NUMBER IS STILL REQUIRED TO BE ON FILE)
- REQUEST TO **WITHDRAW** PARTICIPATION    **\*SKIP TO SECTION 3\***

**\*\*If you've received a CONFIDENTIAL NAME CHANGE OR LEGAL NAME CHANGE, PLEASE CONTACT THE ACP FOR NEXT STEPS**

**SECTION 2: CHANGE INFORMATION** - PLEASE COMPLETE THE APPROPRIATE INFORMATION BELOW:

NEW **MAILING** ADDRESS (TO GET MAIL OTHER THAN WHERE YOU LIVE)      CITY      STATE      ZIP

NEW **RESIDENTIAL** ADDRESS (WHERE YOU LIVE)      CITY      STATE      ZIP

NEW **TELEPHONE** NUMBER      **SELECT ONE:**    CELL     HOME     WORK

NEW **EMAIL** ADDRESS

**SECTION 3: WITHDRAWAL SECTION** - PLEASE CHECK THE APPROPRIATE BOX BELOW: *Only fill out this section, if you need to be removed from the program*

- PRIMARY PARTICIPANT       OTHER PARTICIPANT

NAME OF PERSON TO WITHDRAW: \_\_\_\_\_

PLEASE NOTE THAT WITHDRAWAL OF THE **PRIMARY PARTICIPANT** WILL APPLY TO ALL MEMBERS OF THE HOUSEHOLD.

**SECTION 4: AFFIRMATION OF PARTICIPANT (REQUIRED)**

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF PRIMARY PARTICIPANT      DATE

ELECTRONIC SIGNATURES ARE NOT ACCEPTED. PLEASE SIGN THE FORM PRIOR TO SUBMITTING.

**SUBMIT COMPLETED FORM**  
**FAX:** (503) 373-1340 (NO COVER SHEET REQUIRED)  
**EMAIL** (AS A .PDF OR .JPG): [ACP@DOJ.STATE.OR.US](mailto:ACP@DOJ.STATE.OR.US)  
**MAIL:** ACP COORDINATOR, PO BOX 1108, SALEM, OR 97308  
**FOR QUESTIONS CALL: (503) 373-1323**