



Address Confidentiality Program Change or Withdrawal Notice

Read instructions carefully before submitting this form. BLACK ink or typed responses only.

For ACP use ONLY

ACP CODE: _____

SECTION 1: Type of Change - Please check the appropriate box(es)

- New RESIDENTIAL address
- New MAILING address
- New telephone number
- New Name **CONFIDENTIAL name change?** Select one: YES NO
- Request to WITHDRAW participation ***Skip to Section 3***

SECTION 2: Change Information - Please complete the appropriate information below

FORMER Name of Participant

NEW Name of Participant

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

SECTION 3: Withdrawal Section - Please check the appropriate box below

- 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

MAIL: ACP Coordinator, PO Box 1108, Salem, OR 97308

For questions call: (503) 373-1323