Address Confidentiality Program

Change or Withdrawal Notice

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

For ACP use ONLY

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

TYPED ELECTRONIC SIGNATURES ARE NOT ACCEPTED. PLEASE SIGN THE FORM PRIOR TO SUBMITTING.
THIS CAN BE DRAWN WITH A SMART DEVICE (EITHER ON A PHONE OR COMPUTER)

SUBMIT COMPLETED FORM

FAX: (503) 373-1340 (NO COVER SHEET REQUIRED)
EMAIL (AS A .PDF OR .JPG): ACP@DOJ.OREGON.GOV
MAIL: ACP COORDINATOR, PO BOX 1108, SALEM, OR 97308
FOR QUESTIONS CALL: (503) 373-1323