Rev. 09/21

**MICHAEL G. ADAMS**
**SECRETARY OF STATE**

# WITHDRAWAL FROM PARTICIPATION IN ADDRESS CONFIDENTIALITY PROGRAM

Instructions:
1. Print in black or blue ink or type.
2. This is a **two-page** form. Complete both pages, sign and date where indicated on second page.
3. Return the completed form **by mail or in person** to the address listed at the bottom of the second page.

| **FILER'S INFORMATION,** if being completed by someone other than program participant | |
|---|---|
| Name of Filer (first, middle, last) | Filer's Relationship to Program Participant |
| Filer's Address (number and street, city, state and ZIP code) | Filer's telephone number<br>( ) -<br>☐Home ☐Cellular ☐Work ☐Other |

| **PROGRAM PARTICIPANT INFORMATION** | |
|---|---|
| This form is being completed by:<br>☐ Applicant<br>☐ Parent or guardian on behalf of minor applicant<br>☐ Guardian of applicant declared incompetent<br>☐ Designee of an applicant, parent or guardian of a minor, or guardian of a person declared incompetent who cannot apply for him or herself | |
| Name of Program Participant (first, middle, last) | Participant Number |

| **WITHDRAWAL REQUEST** |
|---|
| I request, or the program participant on whose behalf this Withdrawal from Participation in Address Confidentiality Program is submitted requests, to withdraw from the Address Confidentiality Program. This Withdrawal from Participation in Address Confidentiality Program is being submitted voluntarily.<br><br>I understand that program participation will be terminated ten (10) days following the date on which the Secretary of State mails a written confirmation of withdrawal, unless the program participant or a filer notifies the Secretary of State on or before that date that the Withdrawal from Participation in Address Confidentiality Program was not legitimate because it was not voluntarily submitted by the program participant or a filer. |

**SIGNATURE OF PROGRAM PARTICIPANT OR FILER**

| ________________________ | ________________________ | ____________ |
|---|---|---|
| Printed Name of Program Participant or Filer | Signature of Program Participant or Filer | Date |

**THIS FORM SHALL BE EITHER (A) SIGNED BY A REPRESENTATIVE OF AN OFFICE DESIGNATED UNDER KRS 14.310 AS A REFERRING AGENCY WHO ASSISTED IN ITS PREPARATION, OR (B) NOTARIZED.**

**SIGNATURE OF AGENCY REPRESENTATIVE**, if applicable.

I am a representative of a referring agency designated pursuant to KRS 14.310 and assisted program participant or filer in preparing this Withdrawal Request.

| ________________________ | ________________________ | ____________ |
|---|---|---|
| Printed Name of Representative & Agency | Signature of Representative | Date |

**NOTARIZATION**

State of Kentucky
County of _____

The foregoing instrument was acknowledged before me this ___ day of ________________, ______, by __________________________.

________________________
Notary Public
Commission Expires:

__________________________

Please return completed form to:
**Address Confidentiality Program**
**c/o Secretary of State's Office**
**ATTN: Skyler M. Luttrell**
**700 Capital Ave / Suite 152**
**Frankfort, KY 40601**

Contact Information:
**SOS.KY.GOV (Website)**
**(844) 292-KACP (5227) (Toll free)**
**(502) 564-5687 (Fax)**
**KACP@ky.gov**

For ACP Use only:

**ACP #** ______________________

**Received:** ________ **By:** ________