

MICHAEL G. ADAMS SECRETARY OF STATE

APPEAL FROM CANCELLATION OF CERTIFICATION IN ADDRESS CONFIDENTIALITY PROGRAM

Instructions:

1. Print in black or blue ink or type.

2. Sign and date where indicated on second page.

3. Return the completed appeal request by fax, email, mail or in person to the address listed at the bottom of the back page. This appeal request must be received by the State Board of Elections within thirty (30) days of the date of the notice of certification cancellation.

FILER'S INFORMATION, if being completed by someone other than Program Participant (30 KAR 6:010)	
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 () - □Home □Cellular □Work □Other

PROGRAM PARTICIPANT INFORMATION (30 KAR 6:010)		
This form is being completed by:		
Applicant		
Parent or guardian on behalf of minor applicant		
Guardian of applicant declared incompetent		
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	

APPEAL REQUEST (30 KAR 6:010)

Briefly explain below why certification in the address confidentiality program should not be cancelled. Attach additional sheets if necessary.

SIGNATURE OF PROGRAM PARTICIPANT OR FILER (30 KAR 6:010)

Printed Name of Program Participant or Filer

Signature of Program Participant or Filer

Date

Please return completed form to: Executive Director State Board of Elections 140 Walnut Street Frankfort, KY 40601

Contact Information: elect.ky.gov (Website) (800) 246-1399 (Toll free) (502) 573-4369 (Fax) sbe.webmaster@ky.gov

ACP # _____

Received: _____ By: _____

For SBE Use only: