

CHANGE OF INFORMATION

— ADDRESS CONFIDENTIALITY PROGRAM

Name: ACP ID# (required):

I'm updating the following:

- | | |
|---|---|
| <input type="checkbox"/> New actual residential address | <input type="checkbox"/> New email address |
| <input type="checkbox"/> New mailing address | <input type="checkbox"/> New legal name (provide documentation) |
| <input type="checkbox"/> New phone number | <input type="checkbox"/> Add or remove minors/wards |

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW CONFIDENTIAL RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FORMER CONFIDENTIAL RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW MAILING ADDRESS	CITY	STATE	ZIP CODE

New Legal Name:

FIRST M.I. LAST

Former Name:

(if applies) FIRST M.I. LAST

<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW CELL PHONE NUMBER	NEW HOME PHONE NUMBER	NEW ALT PHONE NUMBER

NEW EMAIL ADDRESS

Changes apply to the following minors or wards

LEGAL NAME (FIRST, LAST)	DATE OF BIRTH (MM/DD/YY)	RELATIONSHIP TO APPLICANT	ADD	REMOVE	ACP ID#
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

BY SIGNING BELOW, I AFFIRM AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND ACCURATE.

SIGNATURE

DATE

MAIL, FAX OR EMAIL COMPLETED FORM TO:
ADDRESS CONFIDENTIALITY PROGRAM
3030 W. GRAND BLVD, STE 10-200
DETROIT, MI 48202
313-456-0190 | FAX: 313-456-0180
EMAIL: AGACP@MI.GOV
MI.GOV/AGACP