

# Safe at Home

## Address Confidentiality Service

Vermont Secretary of State's Office



### Withdrawal Form

NOTE: This form is **ONLY** for removal of participation in the *Safe at Home* program. If there are co-participants who would like to remain in the program, they will need to re-apply by filling out a new application as a participant. You can select the option to receive any mail that *does* come through for **two months** or you can end on a specific date (if less than two months) after which all mail will be returned to the sender. Do not complete a change of address form at the post office. Please notify all people directly who will be corresponding with you.

<b>Please <b>withdraw</b> me as of this date:</b> ____/____/____ MM DD YYYY		<b>Return signed form to:</b> <i>Safe at Home</i> Coordinator PO Box 1568 Montpelier, VT 05633		
<b>Name</b>		<b>Participant Number</b>		
Co-Participant Name(s)				
<b>Reason for Withdrawal</b>				
<b>Read each statement below and acknowledge your understanding by initialing each box.</b>				
	I am willingly withdrawing from the <i>Safe at Home</i> program. I understand that by doing so, I can no longer use <i>Safe at Home</i> related services, including mail forwarding.			
	I understand that I can no longer use the <i>Safe at Home</i> substitute address on any documents or forms of identification as my address of residence.			
	I understand that upon my withdrawal from the program, any mail received at the <i>Safe at Home</i> PO Box 1568 will be returned to sender unless I've given a forwarding address.			
	I understand that upon my withdrawal, other <i>Safe at Home</i> co-applicants in my household will also be withdrew unless they begin separate applications.			
	I understand that I need to update my personal agencies and organizations (utility, doctor's office, etc.) that my address is no longer the <i>Safe at Home</i> substitute address.			
<b>Below, please place <b>ONE</b> checkmark beside the field that suits your needs best:</b>				
<input type="checkbox"/> stop forwarding my mail on the withdrawal date above and return all mail to the sender				
<input type="checkbox"/> forward any mail sent to <i>Safe at Home</i> for <b>two months</b> to address below				
<b>Forwarding Address</b>	Street	City	State	ZIP

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.