



Safe at Home



Michael G. Adams
Secretary of State

**Withdrawal from Participation
in Safe at Home Program**

Return Form to:
Safe at Home (c/o SOS Office)
700 Capital Avenue, Suite 152
Frankfort, KY 40601

Name (required)		Apt. Number	
Actual Residential Address	City	State	Zip Code
Forwarding Address	City	State	Zip Code
Reasons for cancelling participation:			

Read each statement below and acknowledge your understanding by initialing the box next to each statement:

<input type="checkbox"/>	I am willingly cancelling my participation in the Safe at Home program. I understand that by cancelling my participation in the program, I can no longer use Safe at Home related services. I know I can no longer use the Safe at Home substitute address on any documents or forms of identification as my address of residence.
<input type="checkbox"/>	I understand that upon cancellation in this program, any mail received at the Safe at Home substitute address for me will be returned to sender.
<input type="checkbox"/>	I understand that upon my cancellation, other Safe at Home participants in my household will also be canceled from the program, unless they make separate arrangements.
<input type="checkbox"/>	I understand that I need to update agencies and organizations that my address is no longer the Safe at Home substitute address.

By signing below, 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.

Signature:	Date:
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