



IDAHO ADDRESS CONFIDENTIALITY PROGRAM

Initial CHECKLIST OF UNDERSTANDING



- _____ I understand it is my responsibility to notify family, friends, businesses, and government agencies that I have moved to a confidential location and have an Address Confidentiality Program (ACP) mailing address. The ACP is a mail-forwarding service, so my mail will go to the ACP first and then the ACP will forward it to my forwarding address. I understand that the ACP does *not* forward magazines, packages, or presorted bulk mail;
- _____ I understand it is my responsibility to notify State and local government agencies that I participate in the ACP. When my application is processed, the ACP will send me an authorization card printed with my ACP substitute address. If I want a State or local government agency to accept my ACP substitute address instead of my home address, I need to show my ACP authorization card to the agency employee;
- _____ I understand that I *share* the ACP address (P. O. Box 1737, Boise, ID 83701-1737) with many other participants. The ACP receives a large volume of mail each day. I understand that if the authorization card number ACP assigns me is *not* on my mail, my mail may be delayed or may never reach me;
- _____ I understand that I am required by law to notify the ACP at least 7 days **before** I move to a new address or have a name change. I know that if I submit a mail-forwarding order for my new address to the U. S. Postal Service, it will be placed on a *national database*, therefore, I will **only** use my substitute ACP address.
- _____ I understand that only State and local government agencies are *required* to accept my ACP substitute address in place of my home address. Private companies such as banks, grocery or department stores, credit reporting agencies, etc. are *not required* to accept my ACP substitute address, but I should ask these companies to use my ACP address. Companies providing utilities and insurance, for example, must have my home address to provide services. In these cases, it is my responsibility to explore safe options;
- _____ Idaho State law prohibits the ACP from releasing any information from any participant's file. I understand the *only* circumstances under which the ACP will release my file information – including street address and phone number – are if a **court orders** the program to release it or if **requested by a law enforcement agency**, to the law enforcement agency. I understand that the information I give to the ACP is confidential, but my participation in the ACP is not. If asked by a State or local agency, the ACP will verify that I am a program participant and that the ACP substitute address is my legal mailing address;

- _____ I understand that my participation in the ACP will be cancelled if: 1) I submit a notarized withdrawal request; 2) the ACP discovers that I provided false information on the ACP application; 3) I change my name or move from the address and do not notify ACP in advance; 4) mail forwarded to me is returned to the ACP as undeliverable;
- _____ I understand that I may register to vote and must notify the clerk that I am a participant in the Address Confidentiality Program. Registering to vote by *any* other method means that my actual residence address will be a *public record*.

Signature of Applicant: _____ **Date:** _____