



**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 Assistant Secretary of State 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	
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 () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other

PROGRAM PARTICIPANT INFORMATION	
This form is being completed by:	
<input type="checkbox"/> Applicant <input type="checkbox"/> Parent or guardian on behalf of minor applicant <input type="checkbox"/> Guardian of applicant declared incompetent <input type="checkbox"/> 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
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		
_____	_____	_____
Printed Name of Program Participant or Filer	Signature of Program Participant or Filer	Date

Please return completed form to:
Assistant Secretary of State
 700 Capital Avenue, Suite 152
 Frankfort, KY 40601

Contact Information:
sos.ky.gov (Website)
(844)292-KACP (5227) (Toll free)
(502) 564-5687 (Fax)
sos.secretary@ky.gov (Email)

For SOS Use only:
 ACP # _____
 Received: _____ By: _____