

Cancellation Form

**WHEN CANCELLING, SEND YOUR SAFE AT HOME
AUTHORIZATION CARD ALONG WITH THIS FORM**

Return Form to:
Safe At Home
899 East 12th St.
PO Box 959
Des Moines, IA 50319

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

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

| | |
|--|--|
| | 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. |
| | 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. |
| | 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. |
| | 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 cancellation is true and correct.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|