Authorization Agreement

As a registered participant of the Address Confidentiality Program, I hereby authorize the West Virginia Secretary of State’s Office to receive certified, registered, or restricted mail delivered in my name to PO Box 5399, Charleston, WV 25361. Appropriate personnel may sign for any and all mail that comes in my name. I also authorize the West Virginia Secretary of State’s Office to be my agent for service of process.

Further, I agree not to hold the West Virginia Secretary of State’s Office responsible for any delay or loss of mail due to incorrect or incomplete information supplied by me or any state agency.

This agreement will remain in effect until the West Virginia Secretary of State’s Office receives a written notice of cancellation from me or until I am removed from the Address Confidentiality Program.

Participant Information

Name of ACP Participant: ____________________________

Authorization No: _________________________________

Signature of Participant/Guardian: ____________________