



ACP

Address Confidentiality Program

Proof of County Residency for Interacting with State and Local Government Agencies

FROM: Address Confidentiality Program

DATE: May 20, 2015

The purpose of this letter is to verify the participant’s residency in the county listed below. Although the participant’s identification may place them in Adams County, this person is an Address Confidentiality Program (ACP) participant and they may live in any Colorado county. The ACP protects the participant’s actual address, including their county, from being revealed through government records. By virtue of this correspondence, the ACP certifies that the person listed below is a rightful resident of the county listed below according to our records and therefore should be afforded the rights and privileges reserved for residents of this county.

Participant name: **Participant Name**

County: **La Plata**

The substitute address is reflected on an ACP authorization card carried by participants. When presented with a current and valid authorization card, state and local government agencies are required to accept the substitute address as a participant’s actual address. See §24-30-2108(2), C.R.S. Government agencies can make a copy of the participant’s ACP authorization card.

AUTHORIZATION CARD: FRONT

	
State of Colorado	
Address Confidentiality Program	
Pursuant to Sec. 24-30-2101 C.R.S., the following person is authorized to use the following substitute address for all legal purposes:	
ACP Participant Name 1001 East 62 nd Avenue, Apt #1234 Denver, Colorado 80216	Expiration Date: mm/dd/yyyy
Signature Strip Here	
<small>Signature of Participant or Parent/Guardian</small>	

AUTHORIZATION CARD: BACK

<p>“When a program participant submits a current and valid address confidentiality program authorization card to the agency, the agency shall accept the substitute address...as the participant’s residential, work, or school address when creating a new public record...” Sec. 24-30-2108 C.R.S.</p> <p>This address shall be used as the participant’s only address of record and must be used on all correspondence.</p> <p>Questions regarding the program or the use of this card: (303) 866-2208 toll-free (888) 341-0002 acp@state.co.us www.colorado.gov/acp</p> <p style="text-align: center;">Authorization # 600000000</p>
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Pursuant to 24-30-2109 (5), C.R.S., it is unlawful to knowingly and intentionally disclose a program participant’s actual address when that person has specific knowledge that the actual address belongs to a participant of the ACP. By virtue of receiving this letter, this agency has been granted specific knowledge of the participant’s county address and therefore is prohibited from revealing this information. Further information may be obtained by contacting the ACP at 303-866-2208, by e-mail at acp@state.co.us, or by visiting the ACP website at www.colorado.gov/acp.

Sincerely,

Address Confidentiality Program Staff

Please do not copy this letter

