



# Arizona Address Confidentiality Program

Office of the Arizona Secretary of State



## Request of Standard Disclosure Instructions

State and local government agencies who are in need of an ACP participant's confidential address for authorized purposes may submit a Standard Request of Disclosure of Authorized Use to the Director of ACP or her designee Monday-Friday, 8:00am-5:00pm.

ACP will determine whether or not to grant the release based on the consent of the participant, the requesting agency's statutory and/or administrative obligation for the address and the criteria included in the adopted procedures provided. Please allow for 5-7 business days for the request to be completed. Requests can be submitted by mail to the attention of Arizona ACP, 1901 W. Madison St., Phoenix, AZ 85009-5287, faxed to 602-542-3251, or emailed at [acpinfo@azsos.gov](mailto:acpinfo@azsos.gov).

In order for ACP to fulfill the request, please complete the following steps:

- 1) **Call the ACP Government Agency telephone number at (602) 542-1892** to verify the participant is still enrolled in the Address Confidentiality Program. ACP does not maintain forwarding addresses of participants who have been cancelled or withdrawn from the program.
  - If participant is still enrolled in the program, continue with the next steps.
- 2) **In writing, on your agency's letterhead, answer the following information and statements:**
  - a. ACP participant name and ACP apartment number;
  - b. Date of Request;
  - c. Provide a statement explaining the reasons your agency needs the ACP participant's confidential actual address;
  - d. Why your agency cannot meet its statutory or administrative obligations without the disclosure from the Director of ACP;
  - e. Provide a statement of facts showing how your agency has attempted other methods to locate the ACP participant or the ACP participant's address **OR** why they believe other methods reasonably appear to be unlikely to succeed;
  - f. Provide a statement of your agency's adopted procedures that will protect the confidential address of the participant;
  - g. Anticipated length of time your agency will need to maintain the confidential, actual address, and;
  - h. Printed names, titles, and contact phone numbers of both the person seeking the disclosure request and their immediate or acting supervisor **and** the signature of each person. *(If law enforcement is requesting the disclosure, badge numbers will need to be included)*

*\*If disclosure is requested from an official or agency that an ACP participant has identified on their application as their perpetrator, ACP will ask for additional information from the supervisor indicated on the letterhead disclosure statement.\**