



IOWA ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Staff Use Only	Certification Date	Initials	Apt. #
----------------	--------------------	----------	--------

PURPOSE OF FORM:

- Enrollment Renewal

Personal Information			
Full Legal Name (First, Middle, Last)		Date of Birth	Race/Ethnicity (Optional)
Any other Name that may appear on applicant mail		County of Residence	
Residential Address (Required)	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone Number (Required)	Other Phone Number	Email Address	
Emergency Contact Name		Emergency Contact Phone Number	

Dependents Information (Those 18 years and older must complete a separate application.)		
Dependent's Legal Name(s) (First, Middle, Last)	Date of Birth (mm,dd,yyyy)	Relationship to Applicant
Dependent's Legal Name(s) (First, Middle, Last)	Date of Birth (mm,dd,yyyy)	Relationship to Applicant
Dependent's Legal Name(s) (First, Middle, Last)	Date of Birth (mm,dd,yyyy)	Relationship to Applicant

**If you have more dependents, please attach a sheet listing their full legal names, date of birth, and relationship to applicant.*

REASON FOR APPLYING FOR PROTECT OUR PROTECTORS:

- Law Enforcement Prosecuting Attorney Judge Other (please specify) _____

WOULD YOU LIKE INFORMATION ON ABSENTEE VOTING THROUGH THE PROGRAM?

- Yes No

How did you hear about Protect Our Protectors?
--

IOWA ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Please read and agree to each of the statements below and initial.

	I am a current or retired state or local judicial officer, state or local prosecuting attorney, peace officer, civilian employee of a law enforcement agency, or a spouse or child of such a person. I am not applying to participate in Protect Our Protectors in order to avoid prosecution of any kind. I confirm that I am not a sexually violent predator.
	I give permission to the Secretary of State's Office to verify my participation in Protect Our Protectors to third parties when requested.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Protect Our Protectors accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand that my participation in Protect Our Protectors may be cancelled for any of the following reasons: <ol style="list-style-type: none">1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change.2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service.3. If I do not accept service of process or am unavailable for delivery of service of process.4. If my application contains false information.5. If I become ineligible for Protect Our Protectors.
	I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Protect Our Protectors designated address. I recognize that if I share my confidential address, the Protect Our Protectors program cannot control its distribution.
	I realize that my mail address must include an apt. number. Without this apt. number, my mail may be delayed or may never reach me. Protect Our Protectors will forward only first-class, legal, and certified mail, as well as packages of prescriptions.
	I understand that I am enrolled in Protect Our Protectors for a four-year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled from the program.
	I authorize the Protect Our Protectors program to cancel my current voter registration in order to remove my name from the public voter registration records. <input type="radio"/> Yes <input type="radio"/> No
	I realize that if I purchase commercial real estate, my information will appear on public records.
	I understand that I must notify the Protect Our Protectors program if any of the information on my original Protect Our Protectors application changes.
	I understand that once I am enrolled in the Protect Our Protectors program, my actual address will be confidential unless otherwise ordered by a court or released by the lawful custodian of the record. The Protect Our Protectors program may release my information to the Department of Public Safety, who may release it to law enforcement upon verification that it will aid in responding to an emergency, criminal complaint, or an ongoing investigation.
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turn 18 during participation in the program are responsible for completing a renewal form at that time to continue Protect Our Protectors participation.

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 application is true and correct.

Signature:

Date:

Updated 9/2021