



Protect our Protectors Forms.



Iowa's Safe at Home Participant
Forms Booklet

Every Iowan deserves to feel Safe at Home.



Additional Forms:

If you need additional forms, please choose one of the following options.

1. Contact the Protect our Protectors office by calling 515-725-7233 or by emailing SafeAtHome@sos.iowa.gov and requesting that the forms be mailed to you.
2. Locate our forms section on the Protect our Protectors: protectourprotectors.iowa.gov and mail them back to Safe at Home P.O. Box 959 Des Moines, IA 50304.

Please Note:

The asterisk * indicates a required field on the following forms.

If you do not have a piece of required information, please contact the Protect our Protectors office.

As Protect our Protectors (POP) is a program within Safe at Home (SAH), you may encounter Safe at Home branding, materials, or information.



Electronic signatures not accepted

Return Forms To:

Protect our Protectors

899 E 12th St. PO Box 959

Des Moines, IA 50304



PROGRAM APPLICATION FORM

For Staff Use Only	Certification Date	Initials	SAH ID. #
--------------------	--------------------	----------	-----------

***Purpose of Form:**

Enrollment Renewal

Personal Information

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

Dependents information (those 18 years and older must complete a separate application)

<u>Dependent's Legal Name(s) First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

If you have additional dependents, please attach a sheet listing their information

Reason for Applying to Protect our Protectors:

Law Enforcement Prosecuting Attorney Judge Other: _____

Would you like information on Absentee Voting

Yes No

How did you hear about Protect our Protectors? _____



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

	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 canceled for any of the following reasons: 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 canceled 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="checkbox"/> Yes <input type="checkbox"/> No
	I realize that if I purchase commercial real estate, my information will appear on public records
	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 relased 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.

Electronic signatures not accepted

*Signature:

*Date:





PROGRAM CANCELATION FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
--------------------	----------------	----------	-----------

***When canceling, send your POP Participation Card along with this form**

Personal Information

*Full Legal Name (First, Middle, Last)			*POP Apt. #
*Actual Residential Address	*City	*State	*Zip Code
*Forwarding Address	*City	*State	*Zip Code
Reason for canceling participation:			

Read each statement below and initial to acknowledge your understanding.

	I am willingly canceling my participation in the Protect our Protectors program. I understand that by canceling my participation in the program, I can no longer use the POP legal substitute address on any documents or forms of identification as my address of residence.
	I understand that upon cancelation in this program, any mail received at the Protect our Protectors substitute address for me will be returned to sender after 30 days of cancelation.
	I understand that upon my cancelation, other Protect our Protectors 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 Protect our Protectors 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 application is true and correct.

Electronic signatures not accepted

*Signature:

*Date:







HOUSEHOLD UPDATE FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
--------------------	----------------	----------	-----------

***Purpose of Form:**

Addition to Household Removal from Household Change to Household

*Participant Name	*POP Apt. #
-------------------	-------------

Current Enrolled Dependents information

<u>Dependent's Legal Name(s) First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

Dependent to Add/Remove

<u>Dependent's Legal Name(s) First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

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.

Electronic signatures not accepted

*Signature:

*Date:







CHANGE OF INFORMATION FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
--------------------	----------------	----------	-----------

***Purpose of Form:**

PROVIDE ALL THAT APPLY

- New Legal Name (provide documentation)
 New Mailing Address
 Other _____
 New Actual Residential Address
 New E-mail Address _____
 New County
 New Phone Number
 New Emergency Contact Information
 Add Business Name

Information

*Name at time of Enrollment		New Legal Name	*POP Apt. #
Former Actual Residential Address	*City	*State	*Zip Code
New Actual Residential Address	*City	*State	*Zip Code
New Mailing Address (if different)	*City	*State	*Zip Code
Former County		New County	
New Phone Number	New Secondary Number	New Email Address	
New Emergency Contact		New Emergency Contact Phone Number	
New Business Name			

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.

Electronic signatures not accepted

*Signature:

*Date:







MAIL HOLD REQUEST FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
--------------------	----------------	----------	-----------

Complete and mail this form to Protect our Protectors if you will be on vacation or away from your current residence for a short time. By submitting this form, Protect our Protectors can hold your mail for up to 30 days.

DO NOT SUBMIT A MAIL HOLD AT THE POST OFFICE.

Information

*Participant Full Name	*POP Apt. #
*Participant Phone Number	

*Mail Hold Start Date: _____ / _____ / _____

*Mail Hold End Date: _____ / _____ / _____

Please Note:

- 1.If no future date is indicated as a mail hold start date, your mail hold will begin on the date Safe at Home receives this request
- 2.If no mail hold end date is indicated, your mail hold will end 30 days from the start date. 30 days is the longest we will hold mail.
- 3.You must give Protect our Protectors a telephone number at which you can be reached during your mail hold period in case you receive legal mail that requires your immediate attention.

I understand that my Protect our Protectors mail will not be held for longer than 30 days. Protect our Protectors will begin forwarding my mail to be at my actual address on the end date indicated above or three weeks from the start date indicated above.

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. I understand that I am personally responsible for any consequences that may result due to this mail hold and that this mail request will not be effective if I have not signed or indicated a telephone number at which I can be reached.

Electronic signatures not accepted

*Signature:

*Date:







SAFE LABEL NAME FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
--------------------	----------------	----------	-----------

A safe label is a fictitious name used on the Protect our Protectors outgoing mail envelope as an additional safety measure. The use of a safe label name is **optional**. If you would like to use a safe label name, complete this form and return it to Protect our Protectors. Your chosen safe label name **cannot** be the name of any actual, known person. This includes the names of relatives, friends, and celebrities. **You will need to place your safe label name in your mailbox so that your mail carrier will deliver mail in that name.**

A safe label name is **not** a legal name change. Mail received in the Protect our Protectors office **must** be addressed using the participant's legal name. **The safe label name will only be used for outgoing mail from Safe at Home.**

***Purpose of Form:**

- Start Using Safe Name
- Stop Using Safe Name
- Update Safe Name

Information

*Participant Full Name	*POP Apt. #
*Chosen Safe Label Name	

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements.

Electronic signatures not accepted

*Signature:

*Date:





How to Vote in Protect our Protectors

Who to register with:

As a Protect our Protectors participant, you may register to vote with the Secretary of State's Office rather than your County Auditor.

Please use your Actual Residential Address for your Voter Registration Form. This will ensure you receive the correct ballot.

Ballots will be mailed to the mailing address on file, unless indicated otherwise.

Revised 01|2026

STATE OF IOWA OFFICIAL VOTER REGISTRATION FORM

Revised 1/23/2026

In Iowa, you are not qualified to vote following a felony conviction until your right to vote is restored by the Governor. To learn more about voting after a felony conviction visit RestoreYourVote.iowa.gov.

Qualifications

1. Are you a citizen of the United States? Yes No
2. Will you be 18 years of age on or before Election Day? Yes No

If you answered "No" to either of these questions, do not complete this form.

ID Number

Provide your Iowa driver's license or non operator ID number. If you do not have either, provide the last four of your SSN, or indicate if you have none of the above.

- IA driver's license #:
- IA non-operator ID #:
- Last 4 digits of Social Security number: XXX - XX -
- I do not have an IA driver's license, non-operator ID, or Social Security number.

Additional Information

Date of birth and sex are required.

Date of Birth (month, day, year) / /

Sex Male Female

Phone and/or Email (optional) _____

Last _____

Your Name

First _____

Middle _____ Suffix _____

Address Where You Live

Street Address _____

(include apt., lot, etc.)

City _____ Zip _____ County _____

If homeless or you do not have an established residence, describe where you reside: _____

Where You Receive Mail (if different)

Address/P.O. Box _____

City _____ State _____ Zip _____

Previous Voter Registration Information

Your name was _____

Your address was _____

Your city and state were _____ Your zip was _____

Political Affiliation (check only one)

Political Parties: Democratic Republican No Party

Non-Party Political Organizations: Green Libertarian

WARNING
If you sign this form and you know the information is not true, you may be convicted of perjury and fined up to \$10,245 and/or jailed for up to 5 years.

Registrant Affidavit

I swear or affirm under penalty of perjury that:

- I am the person named above.
- I am a citizen of the United States.
- I have never been convicted of a felony **OR** my right to vote has been restored by the Governor, including through Executive Order, after a felony conviction.
- I am at least 17 years old.
- I live at the address listed above.
- I am not currently judged by a court to be "incompetent to vote."
- I do not claim the right to vote anywhere else.

Signature _____ Date _____

Return Forms To:
Protect our Protectors
899 E 12th St. PO Box 959
Des Moines, IA 50304



STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

*Indicates required information

*I _____ born

Full Legal Name

on ____/____/____ request an absentee ballot for all elections in which I am eligible to

Birth Date (MM/DD/YYYY)

vote for the period I am certified as a Protect our Protectors participant.

***ADDRESS WHERE YOU LIVE**

(Actual Residential Address)

Home Street Address
Include Apt., Lot, Etc.

City

Zip

County

***WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED**

(Your POP Address Include APT. #)

Address/P.O. Box

City

State

Zip

Country (Other than USA)

CONTACT INFORMATION

Phone

Email

***PARTY AFFILIATION**

(Primary Elections Only)

Democrat

Republican

This section only effects voting in Primary Elections

I swear or affirm that I am the person named above, and I am a registered voter or I am entitled to register at the address listed on this form.

I am eligible to receive and vote an absentee ballot for the election(s) indicated above.

(Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.)

Signature

Date

Absentee Voting in Protect our Protectors

Please Initial below stating your understanding of the following:

	Absentee Request forms are valid for the length of your Protect our Protectors certification period.
	If Voting Via POP Absentee, the voting process will be handled by the Secretary of State's Office, not your County Auditor.
	If you move, you will need to resubmit this form.

Return Forms To:
Protect our Protectors
899 E 12th St. PO Box 959
Des Moines, IA 50304





**PROTECT OUR
PROTECTORS**

protectourprotectors.iowa.gov

safeathome@sos.iowa.gov

515.725.7233



**PROTECT OUR
PROTECTORS**

protectourprotectors.iowa.gov

safeathome@sos.iowa.gov

515.725.7233