



Vermont Office of the Secretary of State
Safe At Home
Address Confidentiality Program



CHECKLIST OF CO-APPLICANT RESPONSIBILITIES

(Required for other household members listed on application who are 18 years of age and older. Put a checkmark next to each line after reading it. May be mailed separately to: Safe At Home Coordinator, PO Box 1568, Montpelier, VT 05601)

- *Safe At Home* is a mail forwarding service. By participating in the program, my mail will first go to *Safe At Home* who will then forward it to me. This means it will take longer (2 to 5 days) for me to receive my mail.
- I understand the **authorization code** is an important part of my address. I will instruct all senders to use it. Absence of this number will delay or hinder *Safe At Home's* ability to forward my mail.
- I understand *Safe At Home* will not forward magazines, catalogues, packages, junk mail or any mail that is not first class.
- It is my responsibility to let state and local government employees know that I am a *Safe At Home* participant and that I want to use the substitute address. I must initiate the request to use the substitute address each time I create or update a government record by showing the authorization card. I may not demand the use of *Safe At Home* services unless I produce the authorization card;
- If I give a government agency my actual address, that agency is under no obligation to keep my information confidential;
- I realize that private companies (telephone, heating, credit reporting, insurance) or the Federal government don't have to accept the substitute address, but many businesses are willing to do so;
- I understand that my participation in the program is not confidential. If asked, the program will verify my participation in the program, but not my address;
- *Safe At Home* may release my actual address if a judge issues a court order for the program to do so, or if a government agency is granted a waiver, or if a law enforcement agency requests it for a law enforcement purpose (see rules for details).
- **I realize that if I move from the address on the application and do not notify the program before I move, I will be cancelled.** If I move out of the state of Vermont, I will be cancelled;
- *Safe At Home* will not forward mail to me if it is addressed to a name other than the name on the application. If I change my name, I must notify the program within 14 days or I will be cancelled. I may then reapply to the program using the new name. I realize that applying under a name other than my legal name could result in denial of *Safe At Home* privileges at certain agencies if a legal name is required to access those agencies' services;
- I understand that I share the same *Safe At Home* post office box with all the other program participants. **Therefore, anytime I move I will contact the program and will NOT file a change of address form with the U.S. Postal Service;**
- I understand that I may register to vote as a "blind ballot" absentee voter by applying to the *Safe At Home* program which will protect my name and address. If I move to a new district or out-of-state, my name will be removed from the voter checklist and it will be my responsibility to re-register. I may also request that marriage licenses, birth certificates and other public vital records use the substitute address while I'm a program participant by initiating the request to the individual creating the record;
- I understand that by participating in the program, I designate the Secretary of State to receive service of process and certified mail on my behalf and that I may not use the *Safe At Home* program to evade my legal obligations;
- I understand that if I am under the supervision of the Department of Corrections, I must notify the department of my actual address and I authorize to Secretary of State to release my actual address to the department.
- I understand that if I am required to report my actual address for the sex offender registry, I authorize the Secretary of State to release my actual address to the department.

Signature of co-applicant: _____

Date: _____

Name of Program Participant (Print): _____

Signature of Participant: _____