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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/17/2020 11:33 PM Fee Receipt: \$10.00

## MICHAEL G. ADAMS SECRETARY OF STATE

## APPEAL FROM CANCELLATION OF CERTIFICATION IN ADDRESS CONFIDENTIALITY PROGRAM

Instructions:

Frankfort, KY 40601

- 1. Print in black or blue ink or type.
- 2. Sign and date where indicated on second page.

FILER'S INFORMATION, if being completed by someone other than Program Participant (30 KAR 6:010)

3. Return the completed appeal request by fax, email, mail or in person to the address listed at the bottom of the back page. This appeal request must be received by the State Board of Elections within thirty (30) days of the date of the notice of certification cancellation.

Name of Filer (first, middle, fast)	File S Re	Filer's Relationship to Program Participant				
Filer's Address (number and street, city, state and ZIP code)		Filer's tel	Filer's telephone number			
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		□Home	□Cellular	□Work	□Other	
PROGRAM PARTICIPANT INFORMATI	<b>ON</b> (30 KAR 6:010)					
This form is being completed by:	·					
☐ Applicant						
☐ Parent or guardian on behalf of minor						
☐ Guardian of applicant declared incomp						
☐ Designee of an applicant, parent or guherself	uardian of a minor, or guardia	an of a person declared	d incompetent v	vho cannot a	ipply for him or	
Name of Program Participant (first, middle, last)  Participant Number						
Name of Frogram Famicipant (mat, middi	ie, iast)	Tarticipant Number	attopant Nambor			
APPEAL PEOLICET (20 KAP 0:040)						
APPEAL REQUEST (30 KAR 6:010)  Briefly explain below why certification in the address confidentiality program should not be cancelled. Attach additional sheets if necessary.						
bliefly explain below wity certification in t	the address confidentiality pr	ogram should not be c	ancened. Allaci	i additional s	silects if flecessary.	
SIGNATURE OF PROGRAM PARTICIP	ANT OR FILER (30 KAR 6:	210)				
SIGNATURE OF TROOKAM FARTION	AITI OITTILLIN (50 IV IIT 6.0	510)				
Printed Name of Program Participant or F	Filer Signature of Pr	ogram Participant or Fi	ler Da	ite		
Please return completed form to:	Contact Information:	-1	For SBE	Use only:		
Executive Director	elect.ky.gov (Websit (800) 246-1399 (Toll		ACP#			
State Board of Elections 140 Walnut Street	(500) 246-1399 (1011 (502) 573-4369 (Fax)	-	AGF # _			

sbe.webmaster@ky.gov