Maryland Safe at Home
Address Confidentiality Program

Office of the Secretary of State

Notice of ACP Participation

This notice is provided pursuant to the requirements of State Government Article, §§ 7-308and 7-311, Annotated Code of Maryland.

I, **Kenya Pope**,
Full Legal Name: First, Middle, Last
participate in the Maryland Safe at Home Address Confidentiality Program (ACP) for my protection and provide this written notice in order to request the use of my substitute address designated by the Maryland Secretary of State and prohibit the disclosure of my name, my telephone number, or any address that could be used to physically locate me, including my home, work, or school address, in accordance with State Government Article, § 7-311(c)(1), Annotated Code of Maryland.

Because I am giving you this written notice of my participation in the Safe at Home program, there are some laws you must follow. You must use my substitute address and may not require me to submit a different address unless the service or benefit I have requested would be impossible to provide without knowledge of my actual address. You, or your organization, may be one of the few entities with knowledge of my actual address. Failure to comply with applicable law is a misdemeanor and, on conviction, is subject to a fine not exceeding $2,500. See instructions below. For questions, contact the Address Confidentiality Program at 410.260.3875.

Safe at Home Participant Information

Dependents of this participant who also participate in the ACP and to whom this notice also applies are listed on the back of this form with their ACP Number.

First Name	Middle Name	Last Name
Kenya		Pope

ACP Number	Phone Number
14131	347-915-4846

Substitute Address

Use and send all mailed correspondence to the attention of the participant at the following substitute address:

ACP Number 14131
P.O. Box 2995
Annapolis, Maryland 21404

Recipients of this Notice

- Shall accept the substitute address as the participant's address.
- May not require additional proof of ACP participation, nor question the participant for details of their inclusion in the Program.
- May not make any record or include in any electronic database any address for the participant other than the substitute address except with written consent by the participant.
- May not request the participant to submit any address that could be used to physically locate the participant unless a service or benefit requested by the participant is impossible to provide without knowledge of the actual address.
- May not knowingly disclose the participant's name and address unless the participant or the Secretary of State has provided written consent for disclosure.
- Shall limit any disclosure to only those disclosures that are necessary for the purpose for which the consent is provided.
- Shall forward or upload this notice when disclosing or forwarding participant information, even within your company or agency, in order to ensure that anyone who receives or accesses participant information has also been put on Notice.

Signature of Participant		Signature of Notice Recipient (Optional)	
		Signature is not required for this notice to be in effect.	
Kenya Pope	03/26/2026		
Signature	Date	Signature	Date