

STATE OF NEVADA
CONFIDENTIAL ADDRESS PROGRAM
AUTHORIZATION LETTER

Signature of participant or parent/guardian

The CAP participant named herein has been authorized to participate in the
Confidential Address Program, created by
NRS 217.462 through 217.471 and NRS 293.5002

Authorization Number

Date of Issue

The CAP participant named herein is authorized to use the following fictitious
mailing address and fictitious physical address:

PO Box 2743
Carson City, NV 89702

303 S.Roop Street
Carson City, NV 89701

Questions about CAP or inquiries about the valid use of this form should be
directed to the Confidential Address Program.

Please call toll free: 1-888-432-6189



Adam Paul Laxalt
Attorney General

By: _____
Domestic Violence Ombudsman