Instructions to the Voter:
1. You must be a registered voter in Santa Clara County to use this form.
2. Please print clearly.
3. If requesting a name or party change, you must re-register.
4. If requesting an action for another voter, provide their information in the VOTER INFORMATION box.

### VOTER INFORMATION – All information must be provided to complete your request.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date: _ / _ / _   _   _   _</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Address:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

County Voter Information Guide Delivery Preference Request Form:
- [ ] I want to use the on-line County Voter Information Guide. I no longer want to receive it by mail.
- [ ] Email: __________________________________________________________________________________
- [ ] I want my County Voter Information Guide by mail. I previously opted out of receiving it by mail.

Correct or update voter registration:
- [ ] My name is misspelled. The correct spelling is in the VOTER INFORMATION box. The incorrect spelling is: _________________________
- [ ] I moved to a new residence address within Santa Clara County (street address & city):
  _________________________________________________________________________________________________________________
- [ ] My residence is the same, but my mail goes to a different address. My MAILING address is:
  _________________________________________________________________________________________________________________
- [ ] Remove the following mailing address:
  _________________________________________________________________________________________________________________
- [ ] PREFERRED LANGUAGE. I want my voting materials in this additional language (Voters selecting a preferred language will receive voting materials in English and their preferred language):
  - [ ] Chinese
  - [ ] Spanish
  - [ ] Tagalog
  - [ ] Vietnamese
  - [ ] Hindi
  - [ ] Japanese
  - [ ] Khmer
  - [ ] Korean

Permanent Vote by Mail:
- [ ] I want to be a Permanent Vote by Mail Voter.
- [ ] I do not want to be a Permanent Vote by Mail Voter.

Cancel voter registration:
- [ ] Please cancel my registration. Reason: ____________________________________________________________________________
- [ ] Voter named above is deceased. Information may be provided by family or caretaker.
  Name of person reporting death: __________________________________________ Phone: _____________________________
  Signature of person reporting death: ___________________________________________________________________________________

To return to the Registrar of Voters
Fax: 1-408-998-7314 Scan/Email: registrar@rov.sccgov.org
Mail: Registrar of Voters, PO Box 611300, San Jose, CA 95161-1300
For Questions, please call: 1-408-299-VOTE (8683)