



County of Santa Clara
Registrar of Voters

VOTER'S ACTION REQUEST FORM

FOR OFFICE USE ONLY

Voter ID: _____

Date Received: _____

Action by: _____

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.	
Name:	Birth Date: __/__/____
Registered Address:	
Signature:	Date:

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*):

<input type="checkbox"/> Chinese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese
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- I would like to receive the State Voter Information Guide in the following language:

<input type="checkbox"/> Hindi	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer	<input type="checkbox"/> Korean
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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)