



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.**

<b>Name:</b> _____	<b>Birth Date:</b> __/__/____
<b>Registered Address:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____

**Sample Ballot & Voter Information Pamphlet (Opt-In/Out):**

- I want to use the **on-line** Sample Ballot & Voter Information Pamphlet. I no longer want to receive it by mail.
- Email: \_\_\_\_\_
- I want my sample ballot pamphlet 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:*  
\_\_\_\_\_
- 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
- I would like to receive the State Voter Information Guide in the following language:
  - 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