



County of Santa Clara
Registrar of Voters
VOTER'S ACTION REQUEST FORM

FOR OFFICE USE ONLY
Date Received:
Voter ID:
Date Processed:
Group Number:
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. **This form is not intended for a name or party change, you must re-register.**
4. If requesting an action for another voter provide **their** information in the **CURRENT VOTER INFORMATION** box below.

CURRENT VOTER INFORMATION – All information must be provided to complete your request.	
Name:	Birth Date: <u>mm</u> / <u>dd</u> / <u>yyyy</u>
Registered Address:	
Signature:	Date:

County Voter Information Guide Delivery Preference Request Form:

- I want to use the **online** 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.

Update Voter Language Preference: SELECT ONE LANGUAGE PREFERENCE FOR ALL ELECTION MATERIALS

County Voter Information Guides available in:

- English Tagalog
 Chinese Vietnamese
 Spanish

Official Ballots languages available in:

- English Khmer Spanish
 Chinese Korean Tagalog
 Hindi Japanese Vietnamese

Facsimile Ballot ONLY in:

- Nepali Tamil
 Gujarati Telugu
 Punjabi

Unavailable in Punjabi, Gujarati, Tamil, Telugu and Nepali

Now available upon request in Target areas

- My name is misspelled on my election materials. The incorrect spelling is: _____
The correct spelling is: _____

A name change, other than to correct a misspelling, requires a new registration card to be completed.

- 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:

- I want to update my **mailing** address to: _____

- Remove the following **mailing** address: _____

- Remove any phone number on file. Remove any email address on file.

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: _____

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