



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:

- 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:*

- Remove the following mailing address: _____
- Remove any phone number on file Remove any email address on file
- MY PREFERRED LANGUAGE IS:** _____

Voters selecting a preferred language will receive voting materials in English and their preferred language. Official ballots are currently available in English/Chinese, English/Spanish, English/Tagalog, and English/Vietnamese. However, other materials and assistance may be available in other languages.

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: _____

<p>To return to the Registrar of Voters 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>
