SANTA CLARA COUNTY
REGISTRAR OF VOTERS

VOTER'S ACTION REQUEST FORM

FOR OFFICE USE ONLY:

Date Received: _____

Voter ID #: _____

Action Completed by: _____

Instructions to Voter:

1. **Complete the Voter Information Box**. *All information **must** be provided, or your request will not be processed. Please print clearly and sign the form.*
2. If you are requesting an action for another voter, please provide **their information in the Voter Information Box AND complete the information requested below.**
3. *This form is **NOT** for a **name or party preference change**. **You MUST reregister to vote.***

Voter Information (Please print):

Name: _____ Birth Date: __ __ / __ __ / __ __ __ __

Registered Address: _____
(street number, street name, city, zip)

Signature: _____

NOTE: YOUR REQUEST WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT PROVIDED.

Please correct or update my voter registration:

❑ **My name is misspelled, please correct**:_____

★ How did we misspell your name? _____

A NAME CHANGE is not a CORRECTION. If your name has **CHANGED**, you ***must*** reregister.

❑ **I have moved to the following *residence* address within Santa Clara County:**

_____
Street number, street name, city, zip

- If you have **MOVED FROM OR TO ANOTHER COUNTY**, you must reregister.

❑ **My *mailing* address has changed to**: _____

- Has your residence address changed? If so, please give us that information, too!

❑ **Preferred Language.** I want my voting materials in the language selected:
❑ English ❑ Chinese ❑ Spanish ❑ Tagalog ❑ Vietnamese
Note: All voters will receive voting materials in English ***and*** their selected language, if different.

Permanent Vote By Mail Voting:

❑ 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 is deceased.** (Information may be provided by family or caretaker.)

★ *If reporting a deceased voter, please write the information for the deceased voter above and complete the following:*

Name of person reporting death: _____*Phone #:*_____

To return this form to the Registrar of Voters:
Fax: (408) 998-7314 **Scan/E-mail:** registrar@rov.sccgov.org
Mail: Registrar of Voters, Voter Registration Division,
PO Box 611300, San Jose, CA 95161-1300