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. The voter must be a registered voter in the County of Santa Clara to use this form
2. Please print clearly
3. **This form is not intended to update a name and/or change of party preference; To do so voters must re-register**
4. Action requested is on behalf of another voter, (i.e., reporting a deceased 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:** m m /d d /y y y y
Registered Address:	
Signature:	**Date:**

County Voter Information Guide Delivery Preference Request Form:

- ❑ **Go Green Option**: I want to use the **online** County Voter Information Guide. I no longer want to receive it by mail.
  Email (Required): _____
- ❑ 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:

- ❑ English
- ❑ Chinese
- ❑ Spanish
- ❑ Tagalog
- ❑ Vietnamese

Official Ballots:

- ❑ English
- ❑ Chinese
- ❑ Hindi
- ❑ Khmer
- ❑ Korean
- ❑ Japanese
- ❑ Spanish
- ❑ Tagalog
- ❑ Vietnamese

Unavailable in Punjabi, Gujarati, Tamil, Telugu and Nepali

Facsimilie Ballot ONLY:

- ❑ Nepali
- ❑ Gujarati
- ❑ Punjabi
- ❑ Tamil
- ❑ Telugu

Now available upon request in Target areas

- ❑ My name is misspelled. The incorrect spelling is: _____ The correct spelling is: _____
  A name change, other than to correct a misspelling, requires a new Voter Registration Application 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.
- ❑ I want to update my phone number on file to: _____
- ❑ Remove any email address on file.
- ❑ I want to update my email on file to: _____

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 by:
Fax: (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: (408) 299-VOTE (8683)