



PLACER COUNTY ELECTIONS OFFICE

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VOTER ACTION REQUEST FORM

Instructions to the Voter:

1. You must be a registered voter in Placer County to use this form. Please print clearly.
2. **If requesting a name or party change, you must re-register.** To re-register; go to registertovote.ca.gov
3. A name change, other than to correct a misspelling, requires a new registration to be completed.
4. If requesting an action for a deceased 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 receive my County Voter Information Guide electronically. I no longer want to receive it by mail.
- Email: _____
- I want my County Voter Information Guide by mail. Cancel my previous request to opt out of receiving it by mail.

Correct or update voter registration:

- My name is misspelled. The correct spelling is in the **VOTER INFORMATION** box above. The incorrect spelling is:

- I moved to a **new residence** address within Placer County (street address and/or 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

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 _____ Relationship to Voter _____