



PLACER COUNTY ELECTIONS OFFICE

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VOTER ACTION REQUEST FORM

Instructions:

1. You must be a registered voter in Placer County to use this form. Please print clearly.
2. To change your political party affiliation, you must re-register to vote. To re-register online, go to registertovote.ca.gov
3. To change your name, other than to correct a misspelling, you must re-register to vote.
4. If requesting an action for a deceased voter, provide **their** information in the VOTER INFORMATION box.

VOTER INFORMATION – <i>All information must be provided to complete your request.</i>	
Name:	Birth Date:
Residence Address:	
Signature:	Date:

County Voter Information Guide Delivery Preference

- I want to receive my County Voter Information Guide **electronically**. I no longer want to receive it by mail.
 Email (required if above is checked; for internal use only): _____
- or**, 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 on my voter registration. The **correct spelling** is:

- I moved to a **new residence address** within Placer County (street address and city/town):

- I have a **new mailing address**, different from my residence. I receive mail at:

- or**, Remove any mailing address on file. Send voting materials to my residence address.
- Add phone number: _____ Add email address: _____
- or**, Remove any phone number on file. **or**, 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: _____