



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 – All information must be provided to complete your request.

Name:

Birth Date:

Residence Address:

Signature:

Date:

County Voter Information Guide Delivery Preference

- I want to receive my County Voter Information Guide **electronically by email**. I no longer want to receive it by mail.

Email address (required; 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: _____ Date: _____ Relationship to Voter: _____