



REGISTRAR OF VOTERS COUNTY OF RIVERSIDE

FOR OFFICE USE ONLY	
Date Received:	_____
Voter ID:	_____
Completed By:	_____

INSTRUCTIONS TO THE VOTER:

1. You **must** be a registered voter in Riverside County to use this form.
2. You **can not** use this form if you are requesting a name or party change, you must re-register.
3. Please sign and date this document prior to submitting your changes to our office.

VOTER INFORMATION – All information must be provided to complete your request.			
Name:	_____	Birth Date:	_____
	<small>First Middle Last</small>		<small>Month Day Year</small>
Address as Registered:	_____		
	<small>House Number Street City Zip</small>		

Sample Ballot & Voter Information Pamphlet (Opt-In/Out):

I want to use the on-line Sample Ballot & Voter Information Pamphlet. I no longer want to receive it by mail.

Email: _____

I want my sample ballot pamphlet by mail. I previously opted out of receiving it by mail.

Correct or Update Voter Registration:

My name is misspelled. The correct Spelling is: _____

I moved to a new residence address within Riverside County (street address and city):

My residence is the same, but my mail goes to a different address. My mailing address is (mailing address and city):

Preferred Language: I want my voting materials in this additional language (Voters selecting a preferred language will receive voting materials in English and the additional language):

Spanish

Permanent Vote by Mail:

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.

Voter named above in the **VOTER INFORMATION** box is deceased.

Name of Person reporting death: _____ Phone: _____

Signature of person reporting death: _____

Signature: _____ Date: _____

(You must sign for changes to take affect)

**PLEASE SUBMIT FORM TO THE REGISTRAR OF VOTERS
BY FAX, MAIL OR SCAN AND EMAIL FORM TO Rovweb@rivco.org**