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: _____
First Middle Last Month Day Year

Address as Registered: _____
House Number Street City Zip

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)

CLEAR FORM

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

PRINT

2724 Gateway Drive, Riverside, CA 92507-0918
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www.voteinfo.net