



DOUGLAS COUNTY OFFICE OF ELECTIONS

Voter Maintenance Request

You have a choice. Use the following form to designate your status and participation for future elections.

You may:

- Request to receive a mail ballot for all future elections; or
- Submit a one-time ballot request for a temporary or seasonal mailing address; or
- Choose to vote in person by opting-out of the Mail Ballot Voting Program; or
- Choose to remove your address and phone number from all future Public Information Requests; or
- Choose to cancel your voter registration.

Voter Information

Required

1	Last name	First name
	Middle name	Date of birth (mm/dd/yyyy)
	NV driver's license or ID card # (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Permanent Voter Address

Required

2	Street				Unit #
	City	State	NV	Zip	
	Mailing				Unit #
	City	State	NV	Zip	

Mail Ballot Preference

Check only one option.

3	I want to vote in person	OR	Send me a ballot
	<p>Do not send me a ballot.</p> <p>Submit this form at least 60 days before the next election so we can remove your name from the mailing lists.</p>		<p>I want to vote by mail in the following elections:</p> <p>A one-time request for the next election</p> <p>All future elections</p> <p>All future primary elections</p> <p>All future general elections</p>

Where should we send your ballot?

Check only one option. Only complete this section if you are voting by mail.

4	My permanent voter address in section 2			
	A temporary address:			
	Street / PO Box			Unit #
	City	State	Zip	

If this is a reoccurring seasonal address, please select the box and our office will contact you regarding the duration and frequency of its use. **(Please note: To permanently change your address you must re-register.)**

Contact Information

For official communication only.

5	Phone	Email
	Your email address is confidential.	

Email Sample Ballot, Privacy Request and Cancellation

6	<input type="text"/> Initial	Send all future Sample Ballot Booklets to me email via (must provide email above).
	<input type="text"/> Initial	Remove my address and phone number from all future Public Information Requests
	<input type="text"/> Initial	Cancel my voter registration (Please note: To participate in future elections you must re-register.)

Signature

Required

7	I certify that all the information on this form is true and correct. I understand that this will not affect my status as a registered voter.	
	X	Date (mm/dd/yyyy)

Voter Signature

If you wish to opt-out, you must complete and submit this form at least 60 days before the next election.