



REQUEST TO WITHHOLD

(Confidential)

ADDRESS/PHONE NUMBER FOR VOTERS REGISTERED IN WASHOE COUNTY

PRINT FULL NAME AS APPEARS ON CURRENT REGISTRATION:

LAST NAME

FIRST NAME

MIDDLE

This is a request to withhold your residence address and phone number from the public.

By signing and submitting this request you are stating that you understand that prior to the date this request is processed, your information was available to the public.

RESIDENCE ADDRESS:

STREET ADDRESS

CITY

ZIP

MAILING ADDRESS (if different from above):

P O BOX or MAIL SERVICE

CITY

ZIP

DATE OF BIRTH: _____ NV DRIVER'S LICENSE OR NV ID#: _____

PHONE: _____

I understand that this form may only be used in the event that I am currently registered to vote in Washoe County, under the name that appears above and that this form will be used for the sole purpose of changing my voter registration status to "CONFIDENTIAL".

SIGNATURE:

DATE: _____

MAIL TO: Registrar of Voters OR FAX TO: (775) 328-3747 OR DELIVER TO: Registrar of Voters OR
P O Box 11130, Reno NV 89520 1001 E Ninth St, Bldg A, Room 135, Reno NV 89512

SCAN & E-MAIL TO: electionsdepartment@washoecounty.us

For Office Use Only

Transaction Completed By: _____ Date: _____