CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Update Your Voter Registration Record

Complete this form no later than 15 days before the next election and return:

Mail / in person:
1 Dr. Carlton B. Goodlett Place
City Hall, Rm 48
San Francisco, CA 94102

Fax:
(415) 554-7344

Email:
SFVote@sfgov.org

For Office Use Only

Required Information

Last Name: _____ First Name: _____ Middle Name: _____

Address where you are currently registered:

_____

_____

Date of Birth (MM / DD / YYYY): _____ / _____ / _____

Update Your Information

☐ **Residential Address** (cannot be a PO Box or mail drop):

_____

_____

☐ **Mailing Address** (if different than above):

_____

_____

☐ **REMOVE MAILING ADDRESS**
(mail will be sent to your residential address)

☐ **Phone:** _____ ☐ **REMOVE PHONE**

☐ **Email:** _____ ☐ **REMOVE EMAIL**

Language and Accessible Print Materials

Language Preference for Election Materials: ☐ **English** ☐ **Chinese** 中文 ☐ **Spanish / Español** ☐ **Filipino**

Reference Ballot: **Burmese** ျမ ☐ mail ☐ email **Japanese** 日本語 ☐ mail ☐ email **Thai** ไทย ☐ mail ☐ email

Korean 한국어 ☐ mail ☐ email **Vietnamese** Việt ngữ ☐ mail ☐ email

---

Voter Information Pamphlet Format

☐ **Hard Copy** ☐ **Email link sent to:** _____ ☐ **Postcard Reminder with link**

Accessible: ☐ **LARGE PRINT** ☐ **USB Drive (mp3)** ☐ **CD**

I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Sign here ➡ _____ Date: _____