



State of Nevada Mail Ballot Preference Form

You have a choice. Registered voters will receive mail ballots for all elections.

Use this form to let us know that:

- You want to vote in person
- You want to receive a mail ballot after you previously said you wanted to vote in person.

Voter information

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

2	Street	Unit #
	City	State NV Zip

Mail ballot preference

Check 1 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>All future elections</p> <p>All future primary elections</p> <p>All future general elections</p> <p>All future special elections</p>

Where should we send your ballot?

Check 1 option. Only complete this section if you are voting by mail.

4	My permanent voter address in section 2		
	A different address:		
	Street	Unit #	
	City	State	Zip
If you want this address to be your new permanent mailing address, go to registertovote.nv.gov to update your voter registration or check here:			

Contact information

For official communication only.

5	Phone	Email
		Your email address is confidential.

Signature

Required

6	I certify that all the information on this form is true and correct.	
	I understand that this will not affect my registration as a voter.	
	Voter, sign here	Date here (mm/dd/yyyy)
	X	

Submit this form at least 60 days before the next election.

For official use only

Registration #

County notes: