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 and do not want a mail ballot. You must submit this form at least 60 days before the next election.

• OR

• You now want to receive a mail ballot after you previously indicated 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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Permanent voter address

2

Street ___________________________ Unit # ______________

City ___________________________ State NV Zip ______________

Mail ballot preference

Check only one option.

☐ I want to vote in person

Do not send me a ballot.

☐ OR

Submit this form at least 60 days before the next election so we can remove your name from the mailing lists.

☐ Send me a ballot

I want to vote by mail in the following elections:

☐ All future elections

☐ All future primary elections

☐ All future general elections

☐ All future special elections

Where should we send your ballot?

Check only one option.

Only complete this section if you are voting by mail.

☐ My permanent voter address in section 2

☐ A different address:

Street / P.O. Box ___________________________ Unit # ______________

City ___________________________ State NV 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

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.

6

Voter signature ___________________________ Date (mm/dd/yyyy) ______________

You must submit this form at least 60 days before the next election.

For official use only

Registration # ___________________________

County notes: ___________________________