SIGNATURE UPDATE REQUEST

I request my signature on my voting registration to be updated.

Name:

Residence Address:    Mailing Address (if different):

City, State, Zip:      City, State, Zip:

Date of Birth:        Telephone:
(Will only be used if additional information is needed)

I declare under penalty of perjury that the foregoing is true and correct.

Voter's current signature or mark:  X ________________________________

Witnessed by if using mark:  X ________________________________

Mail or bring form to:  2221 Kern Street, Fresno CA 93721

- If you are no longer able to write your signature, you may make a mark “X” and have it witnessed by a family member.
- Please note that someone with power of attorney over you, may not sign your name, but can witness your mark.
- If you use a signature stamp, DO NOT USE THIS FORM. Please call Voter Services at (559) 600-7160.