

REQUEST TO WITHHOLD ADDRESS / TELEPHONE NUMBER
(VOTER REGISTRATION CONFIDENTIALITY REQUEST)

Print, properly complete and submit this form to the Clark County Registrar of Voters to request your address and telephone number, as listed in your voter registration records, be withheld from the public, pursuant to NRS 293.558. **You MUST include your signature and the current date.** If you are physically disabled and cannot sign your name, call the Election Department at 455-8683 for instructions. You may return this form as follows:

MAIL TO:
Registration – Election Dept.
P.O. Box 3909
Las Vegas, NV 89127-3909

FAX TO:
455-2981

DROP OFF IN PERSON AT THE ELECTION DEPARTMENT AT:

Clark County Election Center
965 Trade Drive, Suite A
North Las Vegas, NV

Clark County Government Center
500 S. Grand Central Parkway
First Floor, Suite 1113, Las Vegas, NV

(Clearly Print the Information Below)

LAST NAME (Include Jr./Sr./II/III/IV)	FIRST NAME	MIDDLE NAME/INITIAL
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DATE OF BIRTH: _____		
RESIDENCE ADDRESS		
<hr/>		
STREET	UNIT/APT #	
<hr/>		
CITY	STATE	ZIP CODE
<hr/>		
MAILING ADDRESS		
<hr/>		
STREET OR PO BOX		
<hr/>		
CITY	STATE	ZIP CODE
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I hereby request the Clark County Registrar of Voters to withhold my residence address and telephone number from the public.		
 I understand that any residence address and telephone number I had on file with the Clark County Registrar of Voters prior to the date of this request (indicated below) will still be available to the public.		
SIGNATURE OF VOTER	DATE OF REQUEST	
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