



**COUNTY OF SAN JOAQUIN
REGISTRAR OF VOTERS OFFICE**

**REQUEST TO REMOVE
PERMANENT VOTE BY MAIL VOTER STATUS**

I wish to have the status of *Permanent Vote By Mail Voter* removed from my voter record.

Please Note: This form requires the signature of Voter.
You will need to *print the form, sign it, and mail it* to our office (see address below).

| | |
|--------------------------|---------------|
| _____ | _____ |
| Print Name as Registered | Date of Birth |
| _____ | |
| Residence Address | |
| _____ | |
| _____ | _____ |
| City | Zip |
| _____ | |
| _____ | _____ |
| Signature of Voter | Date |

Mail this form to: **REGISTRAR OF VOTERS OFFICE
PO BOX 810
STOCKTON CA 95201**

----- For Official Use only -----

Date received: _____ Affidavit No: _____ Initials: _____