

## REQUEST TO WITHHOLD ADDRESS/PHONE NUMBER



FOR VOTERS REGISTERED IN WASHOE COUNTY

This is a request to withhold your residence address and phone number from the public.

By signing and submitting this request you are stating that you understand that prior to the date this request is processed your information was available to the public.

| LAST NAME                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ME                                                                                                                                                     | FIRST NAME                                                                                          | MIDDLE                              |  |
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|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                     |                                     |  |
| RESIDENCE ADDRESS          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NCE ADDRESS                                                                                                                                            | CITY                                                                                                | ZIP                                 |  |
|                            | DO DOY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OD MAIL OFDI/OF                                                                                                                                        | CITY                                                                                                |                                     |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR MAIL SERVICE                                                                                                                                        | CITY                                                                                                | ZIP                                 |  |
| MM                         | DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YYYY                                                                                                                                                   |                                                                                                     |                                     |  |
| DATE OF BIRTH              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TH                                                                                                                                                     | NV DRIVER'S LICENS                                                                                  | NV DRIVER'S LICENSE or ID CARD #    |  |
|                            | PHONE NUMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ER                                                                                                                                                     |                                                                                                     |                                     |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                     |                                     |  |
|                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        | event that I am currently registered s form will be used for the sole purpo                         |                                     |  |
|                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | appears above and that this                                                                                                                            | event that I am currently registered s form will be used for the sole purpotatus to "CONFIDENTIAL". |                                     |  |
|                            | he name that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | appears above and that this                                                                                                                            | s form will be used for the sole purpo<br>tatus to "CONFIDENTIAL".                                  | ose of changing my voter            |  |
| under ti                   | SIGNATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | appears above and that this registration s                                                                                                             | s form will be used for the sole purpo<br>tatus to "CONFIDENTIAL".                                  |                                     |  |
| under ti                   | he name that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | appears above and that this registration s                                                                                                             | s form will be used for the sole purpo<br>tatus to "CONFIDENTIAL".                                  | ose of changing my voter            |  |
| under ti                   | SIGNATU<br>(775) 328-374                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | appears above and that this registration s                                                                                                             | s form will be used for the sole purpo<br>tatus to "CONFIDENTIAL".  TOD                             | ose of changing my voter            |  |
| FAX FAX:                   | SIGNATION (775) 328-374:: (Registrar of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | URE (REQUIRED)  47  of Voters) 1001 E 9 <sup>TH</sup> ST. R                                                                                            | s form will be used for the sole purpo<br>tatus to "CONFIDENTIAL".  TOD                             | ose of changing my voter            |  |
| FAX FAX:                   | SIGNATION (775) 328-374:: (Registrar of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | URE (REQUIRED)  47  of Voters) 1001 E 9 <sup>TH</sup> ST. R                                                                                            | s form will be used for the sole purpo<br>tatus to "CONFIDENTIAL".  TOD                             | ose of changing my voter            |  |
| FAX:  MAIL  DELLI          | SIGNATI (775) 328-374 .: (Registrar of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | URE (REQUIRED)  47  of Voters) 1001 E 9 <sup>TH</sup> ST. R                                                                                            | TOE  To (Bldg. A) RENO, NV 89512                                                                    | ose of changing my voter            |  |
| FAX:  MAIL  DELLI          | SIGNATI (775) 328-374 .: (Registrar of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | uppears above and that this registration strains (IREQUIRED)  47  of Voters) 1001 E 9 <sup>TH</sup> ST. Regarder of Voters) 1001 E 9 <sup>TH</sup> ST. | TOE  To (Bldg. A) RENO, NV 89512                                                                    | ose of changing my voter            |  |
| FAX FAX:  MAIL  DELI  SCAI | SIGNATI  (775) 328-374  :: (Registrar of VER: (Registrar of VER: Tegistrar of VER: T | uppears above and that this registration strains (IREQUIRED)  47  of Voters) 1001 E 9 <sup>TH</sup> ST. Regarder of Voters) 1001 E 9 <sup>TH</sup> ST. | TOD  Tobaccounty.us                                                                                 | ose of changing my voter  OAYS DATE |  |