

SALT LAKE COUNTY POLITICAL PARTY AFFILIATION CHANGE FORM

Name: *(Please Print)* _____
LAST FIRST MIDDLE

Date of Birth: _____
required- month/day/year

Voter's Residence Address: _____
Street *(primary physical residence - no P.O. Box)* Apt #

City State Zip Code

Mailing Address *(if P.O. Box or different from above)* Apt #

City State Zip Code

I am currently a registered voter who is affiliated with the _____ Party, and I now want to change my party affiliation. I hereby direct the County Clerk to update my voter registration record accordingly.

CHECK ONE BOX TO MAKE YOUR AFFILIATION SELECTION:

- Constitution Party
- Democratic Party
- Libertarian Party
- Republican Party
- United Utah Party
- Unaffiliated

Voter Signature *(Signature must be your manual signature, not digital)*

X 

CONTACT INFORMATION
EMAIL: got-vote@slco.org
PHONE: 385-468-7400

Email: *(optional)* _____ Phone: *(optional)* _____