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)* _____