

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:

- | | |
|---|---|
| <input type="checkbox"/> Constitution Party | <input type="checkbox"/> No Labels Party |
| <input type="checkbox"/> Democratic Party | <input type="checkbox"/> Republican Party |
| <input type="checkbox"/> Green Party | <input type="checkbox"/> Utah Forward Party |
| <input type="checkbox"/> Independent American Party | <input type="checkbox"/> United Utah Party |
| <input type="checkbox"/> Libertarian Party | <input type="checkbox"/> Unaffiliated (no party preference) |

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

X 

CONTACT INFORMATION

EMAIL: vote@slco.org
PHONE: (385) 468-7400

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