



CONFIDENTIALITY REQUEST

TO WITHHOLD ADDRESS AND TELEPHONE NUMBER



Full Name: _____
(print last, first and middle name)

Date of Birth: _____
(print month/day/year)

Residence Address *(address at which you are currently registered):*

I hereby request the Clark County Election Department to withhold my residence address and telephone number from the public.

Signature: _____ **Date:** _____

This form cannot be processed unless signed and dated.

If you have any questions, call the Election Department at 702-455-VOTE (8683).

MAIL TO OR DROP OFF IN-PERSON AT:
 Clark County Election Center
 965 Trade Dr., Suite A
 North Las Vegas, NV 89030-7802

FAX TO:
 702-455-2981