

NOTICE OF CHANGE OF ADDRESS

County of Hawai'i
 Vehicle Registration & Licensing Division
 349 Kapiolani Street
 Hilo, Hawaii 96720

Email: vehiclerl@hawaiicounty.gov
 Phone: (808) 961-2223
 Fax: (808) 961-8861

In order to record this with our office, you must include two proofs of principal residence. Principal residence is defined as the location where a person currently resides even if the residence location is temporary. Please refer to acceptable proof of principal residence document checklist. File within 30 days of change via in person, mail or by fax.

Personal Information	Full Legal Name (Last, First, Middle, Suffix)		Driver License Number or Hawaii State Identification Number
Mailing Address Currently on Record	Street and Apt. or House No., or P.O. Box		
	City	State	Zip Code
	Residence Address		
New Address	City	State	Zip Code
	Mailing Address (Indicate SAME if address is same as your residence address)		
	City	State	Zip Code

Applicant's Signature _____ Date _____

Voter Registration

Are you a registered voter? YES NO

If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your name and/or address in your voter registration record. If you are not registered to vote, you may complete and sign the application below to become a registered voter.

I **DECLINE** the opportunity to register to vote or make changes to my voter registration record.

<p>Qualifications If you answer "No" to any of the questions below STOP.</p> <p>Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you at least 16 years of age? (Must be 18 to vote) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a resident of the State of Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you registered to vote in another state? Provide your last registered address, county, state, and zip code.</p> <p><input type="checkbox"/> Yes. I hereby authorize cancellation of my previous registration.</p> <p>_____</p>
<p>Additional contact information for voter registration:</p> <p>Phone _____</p> <p>Email _____</p>	<p>If you are disabled and unable to read standard print, would you like to receive an electronic ballot?</p> <p><input type="checkbox"/> Yes, I am disabled and unable to read standard print and would like to request an electronic ballot to be sent to my email address indicated on this application. <i>Applicant must provide email address to receive an electronic ballot.</i></p>


Warning: Any person who knowingly furnishes false information may be guilty of a Class C felony.

I hereby swear (or affirm) that all information furnished on this application is true and correct.

SIGNATURE:

X

Date

Office Use Only	ID Number DLCOA99	Location Code 98	Document Number	
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Notice: The identity of the voter registration agency through which any particular voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683) or contact your County Clerk.