

CHANGES IN VOTER REGISTRATION INFORMATION

INSTRUCTIONS

1. The birthdate is required information to identify the registered elector making the change.
2. Change of name, address, and party affiliation may be made by the registered elector only. These changes can not be made by a family member.
3. An unaffiliated registered elector may declare party affiliation at the polls on Primary Election day but may not change affiliation from one political party to another.

WARNING

CRS 1-2-228: Residence - false information - penalty. Any person who votes by knowingly giving false information regarding the elector's place of present residence commits a class 6 felony and shall be punished as provided in section 18-1-105, CRS.

CRS 1-13-104: Perjury. Any person, having taken any oath or made any affirmation required by this code, who swears or affirms willfully, corruptly, and falsely in a matter material to the issue or point in question or who suborns any other person to swear or affirm as aforesaid commits perjury in the second degree as set forth in section 18-8-503, CRS 1973, and shall be punished as provided in section 18-1-106, CRS 1973.

To: Silvia Davis, Pitkin County Clerk, 530 E Main St #101, Aspen CO 81611 (970) 920-5180

I, _____
(print full name)

Social Security Number (LAST FOUR DIGITS REQUIRED BY LAW) _____

CO DRIVER'S LICENSE # OR DEPT OF Revenue ID# (Required) _____

Birthdate _____

Phone Number* _____, a registered elector of the State of Colorado do hereby certify that the following information is provided to change my registration as indicated below:

CHECK APPROPRIATE BOX(ES):

CHANGE OF NAME _____
(print old name here) (print new name here)

CHANGE OF ADDRESS DATE MOVED _____

Old Address: _____
(residence address) (city/town, state, zip code)

New Address: _____
(residence address) (city/town, state, zip code)(precinct #-assigned by office)

Mailing, if different from residence: _____
(box # or number and street) (city, state, zip code)

CHANGE IN PARTY AFFILIATION (Note: Change from one party to another party may not be made on election day.)

I am currently unaffiliated and wish to become affiliated with _____
(Party/Qualified Political Organization)

I wish to withdraw my affiliation and become unaffiliated.

I am affiliated with _____; I wish to change and become affiliated
(Party/Qualified Political Organization)
with _____ (Can do only during times when voter registration is allowed.)
Party/Qualified Political Organization)

X _____ ** (or) BY _____

* Phone Number is optional but helpful

** In case of applicant's disability or inability to sign personally, his mark shall be witnessed by another person.