

NOTICE OF CHANGE OF ADDRESS

County of Maui
 Division of Motor Vehicle & Licensing
 110 Alaihi Street, Suite 101
 Kahului, Hawaii 96732

Email: dmv@mauicounty.gov
 Phone: (808) 270-7363
 Fax: (808) 270-7858

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)	Hawaii Driver License or Hawaii State Identification #	Date of Birth
Mailing Address Currently on Record	Street and Apt. or House No., or P.O. Box		
	City	State	Zip Code
New Address	Residence Address		
	City	State	Zip Code
	Mailing Address (Indicate SAME if address is same as your residence address)		
	City	State	Zip Code

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>
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<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>
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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).