

# 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](mailto: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.

<b>Personal Information</b>	Full Legal Name (Last, First, Middle, Suffix)		Driver License Number or State of Hawaii Driver License
<b>Mailing Address Currently on Record</b>	Street and Apt. or House No., or P.O. Box		
	City	State	Zip Code
	Residence Address		
<b>New Address</b>	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><b>Qualifications</b>                  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

<b>Office Use Only</b>	<b>ID Number</b> <b>DLCOA99</b>	<b>Location Code</b> <b>98</b>	<b>Document Number</b>	Date
				

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.