

Under federal and state law (42 U.S.C. § 1973gg-3 and Ohio Revised Code § 3503.11), a change of address form submitted to the Ohio Bureau of Motor Vehicles also serves as notification of a change of address for voter registration purposes. By signing this form, you are consenting to the release of the information provided on this form to the Ohio Secretary of State's office for voter registration purposes. If you do not want your information to be released to the Ohio Secretary of State's office, or if you do not meet Ohio's voter eligibility requirements*, please check the "opt out" box below.

I do not want the information provided on my change of address form to be forwarded to the Ohio Secretary of State's office for voter registration purposes.

SIGNATURE X	DATE
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* To be eligible to vote in Ohio, an applicant must be a citizen of the United States; must be at least eighteen years of age at the time of the general election; and must live in the state of Ohio for thirty days immediately preceding the election. Ohio Revised Code § 3503.14. **WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Fold down here - Tape at bottom to seal.

**OHIO BUREAU OF MOTOR VEHICLES
REQUEST FOR CHANGE OF ADDRESS**

(PLEASE TYPE OR PRINT COMPLETE INFORMATION)

NAME (First)	MIDDLE INITIAL	LAST	
DATE OF BIRTH* (Required)	DRIVER LICENSE NUMBER* (Required)	SSN (Last 4)	
OLD ADDRESS (Street)	CITY	STATE	ZIP

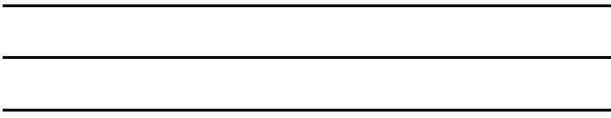
CORRECT RESIDENCE ADDRESS (WHERE YOU LIVE; YOUR PERMANENT HOME ADDRESS)

NEW ADDRESS (Street)	CITY	STATE	ZIP
COUNTY	LOCATED IN CITY, VILLAGE, OR TOWNSHIP OF (Specify)		
E-MAIL ADDRESS			
<input type="checkbox"/> I WOULD LIKE TO RECEIVE ELECTRONIC NOTIFICATIONS FROM THE OHIO BUREAU OF MOTOR VEHICLES.			

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS ABOVE)

STREET OR P.O. BOX	CITY	STATE	ZIP
THIS MAILING ADDRESS IS: <input type="checkbox"/> PERMANENT: SEND ALL MAIL TO THIS ADDRESS UNTIL FURTHER NOTICE. <input type="checkbox"/> TEMPORARY: SEND ALL MAIL TO THIS ADDRESS ONLY DURING THESE DATES: START DATE: _____ END DATE: _____			
LICENSE PLATE NUMBER	LICENSE PLATE NUMBER	LICENSE PLATE NUMBER	LICENSE PLATE NUMBER
SIGNATURE* (Required) X			DATE

*Change cannot be completed without Date of Birth, Driver License Number, and Signature.



Postage
Required
Post Office will
not deliver
without proper
postage.

OHIO DEPARTMENT OF PUBLIC SAFETY
DEPUTY REGISTRAR SERVICES
PO BOX 16520
COLUMBUS OH 43216-6520



(TAPE HERE)