STATE OF LOUISIANA VOTER REGISTRATION AGENCIES DECLARATION FORM

| If you are not registered to vote register to vote here toda | • | ould you like to apply |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| [] I want to register to vote. | [] I do not war | nt to register to vote. |
| IF YOU DO NOT CHECK EIT DECIDED NOT TO REGISTER | | ONSIDERED TO HAVE |
| Applying to register or declining to register provided by this agency. Voter eligibility | | |
| Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used only for voter registration purposes. | | |
| If you would like help in filling out decision whether to seek or accept (Check one) | | |
| [] Yes, I would like help. | [] No, I do not wa | nt help. |
| For assistance in completing the voter Rame> at <telephone number="" or="" other<="" td=""><td></td><td>ır office, contact <department< td=""></department<></td></telephone> | | ır office, contact <department< td=""></department<> |
| If completed outside our office, this dec (if you filled one out) should be returne mailing address used to accept appli changes of address forms>. | ed to <department's local="" office="" physical<="" td=""><td>al location> or <department's< td=""></department's<></td></department's> | al location> or <department's< td=""></department's<> |
| Signature or Mark | Name Typed or Printed | Date |
| Signatures of Two Witnesses If Signed | l With Mark: | |
| 1) | 2) | |
| If you believe that someone has interferight to privacy in deciding whether to reown political party or other political pressure. State, Commissioner of Elections, P.O. | egister or in applying to register to vote eference, you may file a complaint with | e, or your right to choose your th the Louisiana Secretary of |

Comments/Remarks (for official use only):

0900 or 1-800-883-2805.

NVRADF Rev. 6/14