



**OFFICE OF ISABEL LONGORIA
ELECTIONS ADMINISTRATOR
HARRIS COUNTY ★ STATE OF TEXAS**



**Request to Remove Personal Information from the
Harris County Elections Administrator’s Office Website**

According to the Public Information Act, the public may have the ability to access and/or copy your voter registration information. Since the Act does not require a governmental body to provide public access on the Internet, the Harris County Elections Administrator’s Office may remove your record from the information posted on its website, upon your written request. Please complete this form and mail to the address below or email to PublicInfoRequest@vote.hctx.net.

Mailing Address: Harris County Elections Administrator’s Office
P.O. Box 3527
Houston, Texas
77253-3527

After you submit this completed form to the Harris County Elections Administrator’s Office, your voter registration record will be removed from the website and you will not be able to access your record via the Internet. This service is subject to change according to changes in state or federal law.

NOTICE: Your voter registration record will only be removed from the Harris County Elections Administrator’s Office website and will not be removed from information otherwise provided to the public, pursuant to the Public Information Act.

(Please print)

Voter Registration Information

Name of Voter: _____ Daytime Telephone Number: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Voter Registration Certificate Number: _____

I certify the information in this document and any information attached is true and correct to the best of my knowledge and belief. I understand that this form authorizes the Harris County Elections Administrator’s Office to remove my voter registration record from the Harris County Elections Administrator’s Office website until I rescind this request in writing. I understand that this authorization applies only to information posted on the website and that the Public Information Act requires the Harris County Elections Administrator’s Office to provide public access to my voter registration information.

Signature: _____ Date: _____