



Minnehaha County

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.

Are you a citizen of the United States of America? Yes No
 Will you be 18 years of age on or before the next election? Yes No
 If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name Hubbel	First Name Lora	Middle Name(s)/Initial Lyn	Suffix
2	Residence Address 4605 W Graueland Ct	Apt. or Lot #	City Sioux Falls	State SD Zip Code 57106
3	Mailing Address (if different)		City	State Zip Code

3a If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:

4	Date of Birth (Required) [Redacted] 1958 Month / Day / Year	5 Telephone Number 605-521-9504	6 South Dakota Driver License Number (Required) [Redacted] if you do not have a current SD Driver License, provide the last 4 digits of Social Security Number
7	Choice of Party Constitution	8 Email Address lorahubbel@yahoo.com	

Use this section to cancel your previous voter registration. Previous Voter Registration Information Required, if applicable:

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address		City	State Zip Code
11	Previous Driver License Number and State	Previous County	Date of Birth (Required)	

Would you like to be a precinct election worker on election day? Yes No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- * I am a citizen of the United States of America;
- * I actually live at and have no present intention of leaving the above address;
- * I will be 18 on or before the next election;
- * I have not been judged mentally incompetent;
- * I am not currently serving a sentence for a felony conviction; and
- * I authorize cancellation of my previous registration, if applicable.

RECEIVED JUN 22 2018
 Minnehaha County Auditor

Signature Required: **Lora L. Hubbel**
 Date: **06 / 22 / 2018**
 Month / Day / Year

Auditor use only. Agency code: