

Change of Address- Adams County Voter Registration

Voter ID: _____

Do not sign this card unless you are **NOW REGISTERED** in Adams County

I, _____ hereby make application for the transfer of my voter registration.
(Print name of voter)

Former Name: _____ (If applicable)

| |
|----------------------------|
| From: (Old Address) |
| _____ |
| (Street address) |
| _____ |
| (City, State, Zip) |

| | |
|---------------------------------|---------------------------------|
| To: New Physical Address | Mailing Address (If Applicable) |
| _____ | _____ |
| (Street address) | |
| _____ | _____ |
| (City, State, Zip) | (City, State, Zip) |

Social Security Number (Last Four Digits) _____

OR

Driver's License Number _____

Date of Birth: _____

Voter Signature Below

| |
|---|
| X |
|---|

Today's Date: _____

Change of Address- Adams County Voter Registration

Voter ID: _____

Do not sign this card unless you are **NOW REGISTERED** in Adams County

I, _____ hereby make application for the transfer of my voter registration.
(Print name of voter)

Former Name: _____ (If applicable)

| |
|----------------------------|
| From: (Old Address) |
| _____ |
| (Street address) |
| _____ |
| (City, State, Zip) |

| | |
|---------------------------------|---------------------------------|
| To: New Physical Address | Mailing Address (If Applicable) |
| _____ | _____ |
| (Street address) | |
| _____ | _____ |
| (City, State, Zip) | (City, State, Zip) |

Social Security Number (Last Four Digits) _____

OR

Driver's License Number _____

Date of Birth: _____

Voter Signature Below

| |
|---|
| X |
|---|

Today's Date: _____