APPLICATION FOR TRANSFER OF REGISTRATION

(To be filed by voter who has changed his address in the County Of Washington)

Tid	DATE
I, the undersigned, having changed my address from the one at which I am now registered, do hereby apply for a change in my voter registration.	
NAME	
LAST	ST MIDDLE NAME OR INITIAL
Address at which now registered	MIDDLE NAME OR INITIAL
PrecinctWard	City or Township
	•
PrecinctWard	City or Township
County Date of B	rthTelephone Number
SCHOOL	rerephone realmost
REPRESENTATIVE	SIGNATURE OF VOTER
FIRE DEPARTMENT	SIGNATURE AND TITLE OF ELECTION OFFICIAL RECEIVING APPLICATION