

CHUCK R. VENVERTLOH-ADAMS COUNTY CLERK
CHANGE OF ADDRESS FOR VOTERS REGISTERED IN ADAMS COUNTY
(Do not sign this card unless you are **NOW REGISTERED** in Adams County.)

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

VOTER NO.

Former Name: _____ (if applicable)

FROM: (Old Address)

TO: (New Address)

Street Address

Street Address

City Zip

City Zip

Social Security No: _____

(Last Four Digits)

or

Driver's License No: _____

Date of Birth: _____

Date Moved: _____

**THIS IS MY SIGNATURE OR
MARK IN THE SPACE BELOW**

X

Date: _____

E-mail address: _____
(optional)