

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: _____