

APPLICATION FOR TRANSFER OF REGISTRATION

| l, | , hereby make application for change of my |
|--|---|
| residence address this day of | , 20 |
| FROM: | TO: |
| Email address: | |
| Date Moved: | , 20 |
| | Voter's Signature |
| (Daytime Phone Number) (Date of Birth) | (Driver's License Number or last 4 of SSN) |
| Check here if you are currently an Check here if you are interested in Party Affiliation (please che Republication Democrat | serving as an Election Judge. eck one) |
| • | orm to Menard County Clerk & Recorder street, Petersburg, IL 62675 |
| www.menardcountyil.com | |

If you have any questions, please call Menard County Clerk's Office at 217-632-3201