

# ADDRESS TRANSFER

\* DATE \_\_\_\_\_

WARD / TWP \_\_\_\_\_ PRECINCT \_\_\_\_\_

\* NAME IN FULL \_\_\_\_\_  
(Last) (First) (MI)

\* CURRENT ADDRESS \_\_\_\_\_  
(Street) (City) (Zip Code)

MAILING ADDRESS \_\_\_\_\_

\* PHONE NUMBER (Daytime) \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ REP. DISTRICT \_\_\_\_\_ COMMISSIONER DISTRICT \_\_\_\_\_

WATER DISTRICT \_\_\_\_\_ FIRE DISTRICT \_\_\_\_\_

\* PREVIOUS ADDRESS \_\_\_\_\_

\* \_\_\_\_\_  
SIGNATURE OF VOTER



MARK

\* **Required Information**