VOTER REGISTRATION CHANGE OF ADDRESS FORM

NAME _____ **BIRTHDATE (mm/dd/yyyy)** _____

SOCIAL SECURITY # (LAST 4 DIGITS) _____

This is to certify that I have changed my address from:

_____

(Street Address) (City) (Zip Code)

I now reside at:

_____

(Street Address) (City) (Zip Code)

Email address (Optional):

_____

IF YOU HAVE A SEPARATE MAILING ADDRESS COMPLETE THIS SECTION

_____

(P.O. Box or Street Address) **(City)** **(Zip Code)**

_____ _____

(Date Moved to Present Location) (Phone)

_____ _____

(Voter's Signature) (Today's Date)

PLEASE RETURN THE COMPLETED FORM TO:

KANE COUNTY CLERK
719 S. BATAVIA AVE.
GENEVA, IL 60134