

VOTER REGISTRATION CHANGE OF ADDRESS FORM

NAME _____ BIRTHDATE (dd/mm/yyyy) _____

DRIVERS LICENSE/STATE ID # _____ 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)

(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 Number)

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

Please return this form to:

Peoria Board of Election Commissioners
542 SW Adams
Peoria, IL 61602