

Fill in all blanks on-line EXCEPT for voter's signature. Print out, SIGN and then send back to our office at the address below. Please call (217) 753-VOTE(8683) if you have any questions or are having difficulty.

DON GRAY

Sangamon County Clerk
Sangamon County Election Office
200 S. Ninth St., Room 105
Springfield, Illinois 62701
Phone: 753-8683

www.sangamoncountyclerk.com

Application for Transfer of Registration

I, _____ hereby make application for change of my
(Full Name of Voter)
residence address this _____ day of _____, 20____.
(Date) (Month) (Year)

FROM: _____ TO: _____

(Previous Street Address) (New Street Address)

(City) (Zip) (City) (Zip)

Email address: _____
(optional, for notification purposes only)

Date Moved: _____, 20____
(Voter's Signature)

(Daytime Phone Number) (Date of Birth) (Drivers License Number or last four digits of Social Security Number)

- I request a vote by mail ballot for the November 3, 2020 General Election (check one): Yes No
- Check here if you are currently an Election Judge or Elected Official.
- Check here if you are interested in serving as an Election Judge.
- Party affiliation (please check one) Republican Democratic