

OFFICE	_____	_____	_____	R
USE ONLY:	Voter No.	Processed By	Date	

REPLACEMENT CARD

OR

CHANGE OF ADDRESS

Name (as Registered)

Address as Registered:

Street Address

City

Zip

New Street Address

City

Zip

Phone: _____

Mailing Address: (If Applicable)

Street Address or P.O. Box

City

Zip

Return to: Wilson County Election Commission
203 E. Main Street
Lebanon, TN 37087

X
Signature of Voter

Date of Birth _____ Soc. Sec. No. _____
<i>I hereby declare that the above information is true and correct. I request the Wilson County Election Commission to send a replacement card to me at the address on record in said office.</i>