



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

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

X _____ Signature of Voter
Today's Date: _____
_____ 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>

Return to: Wilson County Election Commission
P.O. Box 97
Lebanon, TN 37088