

# VOTER INFORMATION CHANGE FORM

PLEASE PRINT LEGIBLY

PLEASE RETURN FORM TO:  
Lisa Zuck - Director of Elections  
Warren County Courthouse  
204 Fourth Ave.  
Warren, PA 16365

DATE \_\_\_\_\_

VOTER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

POLITICAL PARTY CHANGE TO \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_  
HOUSE # STREET NAME CITY/ZIP TWP/BORO

PLEASE USE PHYSICAL RESIDENCY ADDRESS \*\* INCLUDE PO BOX IN ADDITION TO PHYSICAL RESIDENCY

NEW ADDRESS \_\_\_\_\_  
HOUSE # STREET NAME CITY/ZIP TWP/BORO

NAME CHANGE TO \_\_\_\_\_

VOTER SIGNATURE \_\_\_\_\_

DATE CHANGED \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

REVISED 09/2008