



# BOARD for REGISTRATION of VOTERS

City of Burlington

City Hall, Room 20, 149 Church Street, Burlington, VT 05401

Voice (802) 865-7000

Fax (802) 865-7014

## CHECKLIST REVISION FORM

\*\*\*This form is for CORRECTIONS ONLY not for new registrations.\*\*\*

Voter's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Present/New Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CHANGE(S) TO THE CHECKLIST: (as listed currently)

Former Name: \_\_\_\_\_

Former Address: \_\_\_\_\_

Source/Remarks: \_\_\_\_\_

DELETION FROM THE CHECKLIST:

Reason: Moved from City (New Address below)

\_\_\_\_\_

\_\_\_\_\_

DEATH

DUPLICATE

OTHER (please explain below)

\_\_\_\_\_

\_\_\_\_\_

Signature of Person requesting this revision \_\_\_\_\_

Relationship to Voter \_\_\_\_\_

Change complete \_\_\_\_\_