

# APPLICATION FOR TRANSFER

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Name or Initial

ADDRESS from Which Registered \_\_\_\_\_  
House No. Street Name R.R. No. Box No.

City and State

Present Address \_\_\_\_\_  
House No. Street Name R.R. No. Box No.

City and State

Transfer from Precinct No. \_\_\_\_\_  
Signature of Voter

To Precinct No. \_\_\_\_\_

If you wish your voting registration kept to date, sign and return to

S.S. # \_\_\_\_\_

Linda Love, County Clerk, Fulton, Missouri 65251

SCHOOL DIST. \_\_\_\_\_

TEL. #: \_\_\_\_\_ FIRE: \_\_\_\_\_ WATER DIST.: \_\_\_\_\_ ROAD DIST.: \_\_\_\_\_