**TOWN OF FAYSTON**
**VOTER CHECKLIST**
**NAME/ADDRESS CHANGE**

**CIRCLE ALL THAT APPLY**

**NAME CHANGE** **ADDRESS CHANGE**

Complete all parts of this form that apply

**CURRENT** NAME: _____
(last) (first) (MI)

**CURRENT** ADDRESS: _____
(street address, not mailing address)

**FORMER** NAME: _____
(last) (first) (MI)

**FORMER** ADDRESS: _____
(street address, not mailing address)

VT DRIVER'S LICENSE # OR NON-DRIVER PERSONAL ID # (if available)

_____

Voter's Signature: _____ Date: _____

**********

For Office Use Only

Current ward _____

Former ward _____

Updated on VEMS: _____
(date)