

Voter Registration Form Town of Greenwood

PLEASE PRINT

Date of Application _____, 20____

Name of Voter _____
Last Name

First Name/Middle Initial

Current Address _____ Zip _____

Date of Birth _____

Length of Residence in Greenwood Years _____ Months _____

Please check one: Initial Registration _____ Re-registration _____

I, _____ give oath / affirm that the above information is correct.
Print Name

Signature of Voter _____

FOR OFFICE USE ONLY

Proof of Residency _____ Proof of Citizenship _____

Proof of Age _____

Town Official accepting registration _____ Date _____
Signature

Title _____