

APPLICATION FOR VOTER REGISTRATION
IN THE TOWN OF ODESSA

Applicant's Full Name: _____, _____
LAST FIRST M.I.

Mailing Address: _____

Street Address: _____

Post Office Box Number: _____

Are you a citizen of the United States? Yes _____ No _____

Are you 18 years of age or over? Yes _____ No _____

Do you reside in the Town of Odessa? Yes _____ No _____

Have you moved within the past year? Yes _____ No _____

Intentionally providing misleading or false information may result in legal action against the applicant.

IMPORTANT!! YOU MUST PROVIDE PROOF OF RESIDENCE* WHEN SUBMITTING THIS APPLICATION!! If approved, you will receive your voter registration card the first time you vote in a municipal election. You may be asked to present I.D.

SIGNATURE

DATE**

OFFICE USE ONLY:	
APPROVED: _____	
NOT APPROVED: _____	REASON: _____
_____ SECRETARY SIGNATURE	_____ DATE

*Driver's license, utility bill, or item from another agency showing name and physical address.

**According to Town Charter, to vote in any election, applications must be submitted according to deadlines which will be posted annually at the Post Office and in the Town Office.