

Eastchester UFSD Voter REGISTRATION FORM
"For School District Votes only" (Budget/Bond/BOE Trustee vote)
UPDATE REGISTRANT INFORMATION FORM

DID THE REGISTRANT LISTED BELOW VOTE TODAY? YES OR NO

Please fill in your **Current** information in the section below.

PLEASE WRITE CLEARLY!

Last Name:		First Name:		Mid Initial	Jr./ Sr.	Date of Birth
House #	Street Name	Apt #	City	State	Zip	
Phone #		Gender				
()		<input type="checkbox"/> M or <input type="checkbox"/> F				

NEW or RE-ACTIVATED VOTER	GENERAL QUALIFICATIONS:	
	• I am a citizen of the United States.	
	• I am (or will be) 18 years old or more on the date of the election.	
	• I have lived in this school district for at least 30 days before this election.	
	<i>This is my signature or mark on the line below. The above information is true.</i>	
Registrant Signature		Date:

CHANGE VOTER INFORMATION	INFORMATION AS IT APPEARS IN THE REGISTRATION BOOK:						
	PRINTED IN BOOK AS - Last Name:			PRINTED IN BOOK AS - First Name:			
	House #	Street Name	Apt#	City	State	Zip	
Phone #		Date of Birth		PAGE #		LINE #	
()							

DELETE / REMOVE VOTER	DELETE (REMOVE) VOTER:		<input checked="" type="checkbox"/> REASON BELOW	
	PAGE #:		<input type="checkbox"/> Moved out of District	
	LINE #:		<input type="checkbox"/> Address does not belong in District	
	Last Name:		<input type="checkbox"/> Duplicate found on PAGE #:	
	First Name:		LINE #:	
	Date of Birth:		<input type="checkbox"/> Voter Deceased as of: ____/____/____	
	Info Source: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family Member: _____ <input type="checkbox"/> Other: _____			
Signature		Date:		

****For Official use only****

Check if applicable:

- County BOE Permitted Registrant to Vote (name not found in our books).
- Change the Registrant's Poll Place: From: _____ To: _____

Inspector's Name:	Print Name:	Date:

District Clerk's Authorization Signature:	Date:	****PRINT SCHOOL DISTRICT NAME:****