

Date Printed: 06/16/2009

JTS Box Number: IFES_80
Tab Number: 98
Document Title: Don't miss the boat -- Register to vote
Document Date: 1990
Document Country: United States -- Florida
Document Language: English
IFES ID: CE02121



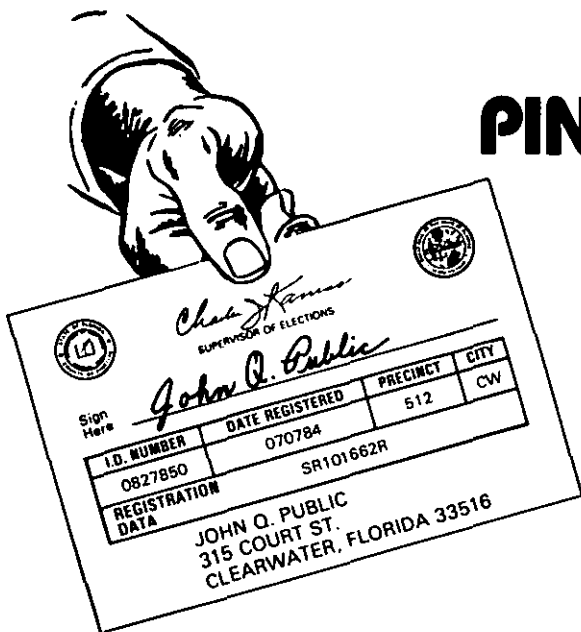
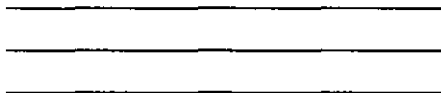
* 1 9 C 4 3 C 8 F - 6 3 9 8 - 4 9 2 5 - A 6 2 A - 4 1 4 B E 1 1 B F 9 8 2 *

8 6 JUN REC'D



CHARLES J. KANISS
SUPERVISOR OF ELECTIONS
PINELLAS COUNTY
315 COURT STREET
CLEARWATER, FLORIDA 33516-5190

PLACE
PROPER
POSTAGE
HERE



UPDATE YOUR
PINELLAS COUNTY
VOTER
REGISTRATION
NOW!



Charles J. Kaniss

SUPERVISOR OF ELECTIONS
Pinellas County, Florida

PINELLAS COUNTY VOTER REGISTRATION UPDATE

This form is **ONLY** for those ***already registered to vote*** in Pinellas County.

If you have a Voter Identification Card now, please attach to the form below and return both in an envelope.

INSTRUCTIONS:

1. Print CLEARLY, using BLACK INK.
2. Check the correct block or blocks.
3. Enter today's date.
4. Enter date of birth — this is IMPORTANT!!
5. Enter a telephone number where you can be reached from 8 a.m. to 5 p.m.
6. Enter Voter ID # if known..
7. Print name and address **AS YOU ARE PRESENTLY REGISTERED** for verification.
8. Enter NEW INFORMATION only if changing name and/or address.
9. Check **NEW** Party only if CHANGING Party.
10. SIGN YOUR NAME ***WITHIN*** THE BOX. We MUST have your present signature.
11. Detach along perforated line. Affix correct postage and mail.
12. Your new ID Card should arrive within three (3) weeks.

Detach Here Before Mailing

UPDATE TO PINELLAS COUNTY VOTER REGISTRATION ONLY

CHANGE OF ADDRESS ☐
CHANGE OF NAME ☐
CHANGE OF PARTY ☐
I.D. CARD REPLACEMENT ☐
REINSTATEMENT ☐

Mo. Day Yr.

Today's Date _____/_____/_____

Date of Birth _____/_____/_____

Telephone # _____

Voter ID # _____

Name as Registered: _____

Address as Registered: _____

City: _____ Zip +4 _____

Print NEW INFORMATION for name and address changes

New Name: _____

New Address: Bldg. _____ Apt. _____ Mobile Home Lot _____

Street _____

City _____ Zip +4 _____

P.O. Box _____ City _____ Zip +4 _____

Change Party To: ☐ Republican ☐ Democrat ☐ No Party

☐ Other (Name of Party) _____

VOTER: YOU MUST SIGN WITHIN BOX

I affirm that I have not moved from Pinellas County and wish to make the above changes or that my card was lost, stolen, destroyed or never received.