

Request for Voter Registration Form

NAME _____
please print

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

DATE _____



Instructions

1. Print this page.
2. Cut form on dotted line.
3. Include mailing address.
4. Return form to:

Kansas City Board of Elections
Registration Department
1828 Walnut St. Ste. 100
Kansas City, MO. 64108