Prescribed by the Secretary of the State—ED 685A

*(Español en otro lado)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOTICE OF DUPLICATE**  **VOTER REGISTRATION** | **RETURN TO:** | REGISTRARS OF VOTERS  ADDRESS  CITY, ST ZIP | TOWN OF  [NEW TOWN] | DATE  SENT | [DATE] |

[Voter Name]

[Voter Address]

[Voter Registration Date/Privilege Date NEW Town]

Date of Birth: [DOB]

Based on a computer search of voter registration records, it appears that your name also appears on the voter registration list in [OLD TOWN], [OLD ADDRESS].

**Please select the appropriate statement below, sign and return within 30 days**

**to the Registrars’ address above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Registrars of Voters of the above Town:

I confirm that I am entitled to remain on the active voting list of [NEW TOWN] because **I am a bona fide resident of [NEW TOWN] and**

*(Check one)*

[ ] I am the person whose name currently appears on the registry list of [OLD TOWN]. Please remove me from the voter registration list of [OLD TOWN].

**OR**

[ ] I am not the person whose name currently appears on the registry list of [OLD TOWN]

[ ] other (specify)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature of Voter |  | Date Signed |

*There are errors in my registration information as noted above. Please send me a voter registration card so I may submit those corrections. (please check if applies)*

*Any questions, call the Registrars of Voters at [PHONE]*