



## Change of Address

<b>NAME (Please Print: Last, First, Middle)</b>	<b>PRINT FORMER NAME (IF CHANGED)</b>
<b>DATE OF BIRTH</b>	<b>MONTANA DRIVER'S LICENSE #</b>
<b>OLD RESIDENCE ADDRESS</b>	<b>MAILING ADDRESS 2:</b> If living at a different address part of the year:
<b>OLD MAILING ADDRESS (if different than where you live)</b>	<b>Time Period at Mailing Address 2:</b> Beginning: _____ Ending: _____
<b>NEW RESIDENCE ADDRESS</b>	<b>PHONE NUMBER</b>
<b>NEW MAILING ADDRESS</b>	<b>EMAIL</b>

Check this box only if you wish to cancel your Sanders County Voter Registration.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE