



Town Clerk/Treasurer's Office
P O Box 748
Morrisville VT 05661

802-888-6370
Fax 802-888-6375
mawilson@morristownvt.org

Checklist Revision Form

*Note: This is not a registration form. It is to be used **ONLY** for persons already on the Morristown voter checklist. Registration forms are available from the Town Clerk at the Morristown Town Office.*

Voters Former Name: _____

Former Mailing address: _____

Former Physical location: _____

Date of Birth: _____ Place of Birth: _____

VT Driver's License # _____ **(REQUIRED)** or if you do not have a Vermont driver's license or non-driver personal ID card, you must provide the last 4 (four) digits of your social security number: _____

Changes to the Checklist:

Voters New Name: _____

New Mailing address: _____

Physical location: _____

I continue to reside in the Town of Morristown and I am entitled to remain on the checklist

I am no longer a resident of this Town. You can remove my name from the checklist.

Comments: _____

I swear (or affirm) the above checked statement is true.

Signature: _____

Date: _____

For office use only

Date Changed: _____

Initial: _____

Approved: _____

Revision 08/11