State of Maine Request for Voter Registration Applications

Organization Name, if applicable:	
Your Name:	Telephone:
Address:	
Number of cards requested:	Date needed by:
Mail the cards to me	I will pick up the cards
Please describe your voter registration dr intend to use to distribute the cards):	rive (time period, area of distribution, methods you
Signature of Applicant	
-	
SUBMIT CC	OMPLETED REQUEST TO:
	Secretary of State
	State House Station sta, ME 04333-0101
	X: 207-287-6545
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FOR	OFFICE USE ONLY
Approved by:	
	Date
Date mailed:	OR Date picked up: