

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 drive (time period, area of distribution, methods you intend to use to distribute the cards):

Signature of Applicant

Date

SUBMIT COMPLETED REQUEST TO:

Secretary of State
101 State House Station
Augusta, ME 04333-0101
FAX: 207-287-6545

FOR OFFICE USE ONLY

Approved by: _____ Date _____

Date mailed: _____ OR Date picked up: _____