Registrant ID	

## **ADDRESS & NAME CHANGE FORM**

\*THIS FORM IS ONLY VALID FOR ADDRESS AND/OR NAME CHANGES WITHIN GARLAND COUNTY\*

Please Print Name:	
	First, M., Last
Prior Name (if applicable):	
, ,,	First, M., Last
Old Address:	
	Street Address
	City, State, Zip
Convert Address.	City, State, Zip
Current Address:	Street Address
	City, State, Zip
Mailing Address:	
(If different from Current)	Street, City, Zip
Date of Birth: / / MM/DD/YY	Last Four Digits of Social Security #: xxx-xx
Home Phone:	Work Phone:
Fmail Address:	<del></del>
	<del></del>
Voter's S	Signature Date

SARAH SMITH
GarlandCounty Clerk
Voter Registration Department
501 Ouachita Avenue, Room 103
Hot Springs, AR 71901
Office (501) 622-3616 Fax (501) 624-0665

<sup>\*</sup>When moving to Garland County from another county or state, you must complete a new voter registration application. Please go to <a href="https://www.garlandcounty.org">www.garlandcounty.org</a> - Departments & Services/Voter Registration for application.