



# District Combination Validation

**General Instructions:**  
*Please Review Fully*

Please use uppercase (**CAPITAL**) letters only. Fill in circles as appropriate.

This form is used to validate address and district combination information about a particular elector. Providers will use this form when they require additional district information to process a Voter Registration Application. After entering information into SVRS, Providers should file this form for reference.

## Contact/Jurisdiction Information

<b>Relier Information</b>				
<b>1</b>	Clerk Name			
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City		
	County			HINDI #
	Telephone Number	Fax Number		

<b>Provider Information</b>				
<b>2</b>	County			HINDI #
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City		HINDI #

## Elector Information

<b>3</b>	Elector Last Name				Suffix (e.g. Jr, II, etc.)	
	Elector First Name			Elector Middle Name		
	Residence Address: Street Number & Name					
	Apt. Number		City			
	State		ZIP + 4			
	Date of Birth (MM/DD/YYYY)		/		/	

## District Combination Information

Fill in the ward and districts that apply below. If a district does not apply, please put an "X" in the box.							
Ward		Congressional		State Senate		Assembly	
Appeals		Multi-Jurisdictional Judge		County		County Supervisory	
Municipality		Aldermanic		Common School		Union School	
Unified School		Sanitary		Tech College		Management	
Inland Lake		Statewide					
Street Address Range this district communication information applies to						to	
Additional Relier Comments							
Provider Processing Notes							

## Signature

<b>Relier Signature</b>	X	Date (MM/DD/YYYY)	
<b>Provider Signature</b>	X	Date (MM/DD/YYYY)	