

# Voter's Request

Remove from Faulkner County Voter Registration

QUESTIONS???? Phone 501-450-4909

Please Print the Following Information:

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Faulkner Co) (Street Address)

\_\_\_\_\_  
(City/State/Zip)

Date of Birth: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Last Four Digits of Social Security Number or Drivers Licenses Number:

\_\_\_\_\_

\_\_\_\_\_  
Voter's Signature

\_\_\_\_\_  
Date

Mail form to:  
**Melinda Reynolds**  
**Faulkner County Clerk**  
**ATTN: Voter Registration Department**  
801 Locust Street  
Conway, AR 72034