

Independent Living Center of North Central Ohio Inc. 680 Park Avenue West, Suite G2 Mansfield, OH 44906 419-526-6770 Fax 419-526-6870

## VOTER REGISTRATION DECLARATION STATEMENT

NAME:	
Please Print	
IF YOU ARE NOT REGISTERED TO REGISTRATION APPLICATION FOR	VOTE, WE CAN PROVIDE A VOTER'S M FOR YOU.
We will assist you in filling out the form	, or you may fill it out privately.
	ster to vote, will not affect the amount of his agency. If you do not check any box, you will ister to vote at this time.
☐ I want to r	register to vote
☐ I am alrea	dy registered to vote
I do not w	ant to register to vote
SIGNATURE	DATE