



REQUEST FOR REPLACEMENT VOTER REGISTRATION CERTIFICATE

Please print legibly and complete all sections.

VUID Number
Name of Registered Voter
Residence Address
Mailing Address (if different from Residence Address)
Date of Birth

X

Signature

Date

Upon completion of this form, you may:

- Deliver the form in person to the Travis County Tax Office, Voter Registration Division, at 5501 Airport Boulevard, Monday – Friday, 7:30 AM – 5:30 PM, or
- Mail the form to PO Box 149327, Austin, TX 78767-9327

If you have any questions, please contact our office at (512) 854-9473.