

VOTER REGISTRATION AND EARLY VOTING DISTRIBUTION FORM

Name (Please Print)	Address	Phone	Ward	E-Mail (if given)	Type of Form
					<input type="radio"/> Voter Registration <input type="radio"/> Absentee
					<input type="radio"/> Voter Registration <input type="radio"/> Absentee
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					<input type="radio"/> Voter Registration <input type="radio"/> Absentee

Return this form:

Mail it: Citizens Committee, Akron Public Schools, 70 N. Broadway, Room 214, Akron, OH 44308

Fax it: 330/761-3225

www.forakronschools.com

Paid by the Citizens Committee, Akron Public Schools, 70 N. Broadway, Akron, OH 44308

_____	Number of registration forms distributed
_____	Number of registration forms collected
_____	Number of absentee forms collected
_____	Number of absentee forms collected