State of Iowa
Voter Roster

County: _____ Election Name and Date: Primary Election, _____

Precinct: _____ Polling Place Name: _____

****Voters:** Please print your name and address below. Party affiliation is required.

Print your name (Last Name, First Name, Middle Initial)	**Address**		**Phone** (optional)	**Party Affiliation**
	House number and street	**City**		
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Prepared by the Iowa Secretary of State's Office *Revised 6/09*