

CHANGE OF ENROLLMENT CARD

Name: (please print) _____ **D.O.B.** ____ / ____ / ____

Address: (please print) _____

Milford, MA 01757 Ward 0- Precinct _____

I hereby request that my political party enrollment be changed as follows:

From (Name of Party) _____

To (Name of Party *OR*
UNENROLLED): _____

Signed under the pains and penalties of perjury

Signature: _____ **Date:** _____