

Pennsylvania Department of State Voter Registration Order Form for Agencies

Description of Form	Abv.	Indicate Your Agency (X)
Women, Infants & Children Nutrition Clinics	WIC	E
Blindness & Visual Services (BVS) District Offices, BVS Contractors, Centers For Independent Living (CIL), State Mental Intellectual Disability, State Mental Health, Office of Vocational Rehabilitation (OVR), Office of Mental Health Facilities (OMHSAS), County MH/ID Offices, Office of Developmental Programs (ODP)	Disability Agencies	F
County Assistance Offices	CAO	G
Clerks of Orphan's Court	COOC	H
Children and Youth, Children and Early Learning Organizations	CY	I
Health Care not for profit, Health Care- managed care and other profit organizations	HC	J
Student Disability Services Offices at Universities within the State System of Higher Education, Bureau of Special Education, Special Ed Programs	SSHE	K
Area Agencies on Aging	AAA	L
Para-Transit Providers	Para-Transits	M
Children's Health Insurance Program	CHIP	N

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 WAYNE COUNTY
 BOARD OF ELECTIONS

Pennsylvania Department of State Voter Registration Order Form For Agencies

Voter Registration Applications come in cases of 1,000 or packs of 100.

Date: _____	Phone: _____
Contact: _____	Email: _____
Agency: _____	County: _____
Address: _____ _____	City/State/Zip: _____ _____

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Para-Transit Providers	Para-Transits	
Children's Health Insurance Program	CHIP	
Subsidized Child Care Program	CCI	

- ☐ Please send _____ voter registration mail application forms (English)
- ☐ Please send _____ voter registration mail application forms (Spanish)
- ☐ Please send _____ voter registration posters

Please return this form by fax/mail/email to:
 Bureau of Commissions, Elections & Legislation
 Room 210 North Office Building
 Harrisburg, PA 17120
 717-787-5280 (phone)
 717-705-0721 (fax)
ra-voterreg@pa.gov (email)