

# JACKSON COUNTY, KANSAS

## CHANGE OF PARTY AFFILIATION

Date: \_\_\_\_\_

I, \_\_\_\_\_ (full name), residing

at \_\_\_\_\_ (street name)

\_\_\_\_\_ (city), wish to change my party affiliation from the

\_\_\_\_\_ party to the

\_\_\_\_\_ party.

\_\_\_\_\_

(Cut Here) - - - - - (Cut Here)

If you would like to change your party affiliation, please fill out the above statement. After you have finished filling it out, you will need to print and sign it. To successfully change your affiliation, return this form to the County Clerk's office. You may mail, fax or email this form to the Clerk's office.

Address:  
Jackson County Clerk's Office  
400 New York Ave, Ste 201  
Holton, KS 66436

Fax #:  
(785) 364-4204

E-Mail  
jacoclerk@jacoks.com