

COMMONWEALTH OF VIRGINIA  
STATE BOARD OF ELECTIONS

REPRECINCTING or BOUNDARY LINE COMPLETE FORM

LOC. CODE	LOCALITY

UN-ASSOCIATE THE FOLLOWING PRECINCT(S) FROM MY LOCALITY			
Precinct Code	Check The Appropriate Box		
	REMOVE ELECTION DISTRICT	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	REMOVE ELECTION DISTRICT	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	REMOVE ELECTION DISTRICT	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	REMOVE ELECTION DISTRICT	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	REMOVE ELECTION DISTRICT	<input type="checkbox"/> NO	<input type="checkbox"/> YES

UN-ASSOCIATE THE FOLLOWING LEGISLATIVE DISTRICT(S) FROM MY LOCALITY		
Congressional District	House District	Senate District

Print Voter Cards: <input type="checkbox"/> NO <input type="checkbox"/> YES		
IF YES, SELECT THE APPROPRIATE BOX <input type="checkbox"/> Affected Voters <input type="checkbox"/> Entire Locality		
Voter Cards Print Location:	<input type="checkbox"/> Locally <input type="checkbox"/> SBE	
Voter Cards Sort Sequence:	<input type="checkbox"/> Alphabetical By Voters Last Name: <input type="checkbox"/> Zip Code	
Signature:		

SBE USE ONLY			
Ordinance or Minutes Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOJ Approval Letter Received	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date Received:	Received By:		
Comments:			

This form and all required documents can be faxed to 804.371.0194 or emailed to [verishelp@sbe.virginia.gov](mailto:verishelp@sbe.virginia.gov)

Reprecincting or Boundary Line Complete Form

Rev 7/13