

USE THIS FORM ONLY FOR CANCELING REGISTRATION IN IMPERIAL COUNTY

VOTER'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I: _____ Voter ID# _____
(PRINT CLEARLY) (PRINT CLEARLY)

Imperial County Residence Address: _____

Current Address/County of Residence: _____

Date of Birth: _____ Place of Birth: _____

In case clarification is needed, please provide your phone number: _____

Please cancel this registration for the following reason: _____

Signature: _____ Date: _____

Relationship to Voter: _____

I _____ certify that under the penalty of perjury that the information provided is true and correct.
(FULL NAME)

I hereby authorize the Imperial County Registrar of Voters to cancel the above voter registration record.

INCOMPLETE FORMS WILL NOT BE PROCESSED

Please PRINT, SIGN and RETURN the completed form to:

Via Mail:
Registrar of Voters
940 W Main Street, Suite 206
El Centro, CA 92243

Via Fax:
(442) 265-1062