

USE THIS FORM ONLY FOR CANCELING REGISTRATION IN IMPERIAL COUNTY

<u>VOTER'S INFORMATION</u>			
LAST NAME:	_____	FIRST NAME:	_____
	(PRINT CLEARLY)		(PRINT CLEARLY)
M.I:	_____	Voter ID#	_____
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