



VOTER REGISTRATION AND ELECTIONS

7000 65th Street, Suite A Sacramento, CA 95823-2315
(916) 875-6512 - FAX (916) 854-8856 - CRS (800) 735-2929
Español: (916) 876-6688 - 中文: (916) 876-8402 - Tiếng Việt: (916) 875-5827
voterinfo@saccounty.gov

取消選民登記

請按照《加州選舉法》第 2201 節填寫、印出並簽署選民登記取消表，以取消您的選民登記記錄。此表可郵寄至本辦公室，地址：7000 65th Street, Suite A Sacramento, CA 95823，傳真至 (916) 854-8856 或電郵至 voterinfo@saccounty.gov。

本人確知，故意在此表上提供不正確資訊屬於犯罪行為。根據加州法律規定，本人特此聲明，本表中資訊真實準確，否則甘願接受偽證罪處罰。

本人，_____ 我希望取消選民登記。 出生日期：_____

(請工整書寫名字和姓氏)

縣住址或先前地址

Sacramento : _____

如無簽名，不會對您的記錄進行任何更改。

**簽名或
做標記：**

日期

如您因搬家、死亡或其他原因報告取消，請提供以下資訊。
此資訊有待核實。請填寫此表並在底部簽名，然後交給本辦公室。

沒有簽名不會處理此表。

取消報告人姓名：_____

(名字和姓氏)

您與選民的關係：_____ 您的聯絡方式：_____

(電子郵件或電話號碼)

取消原因：_____

待取消的選民姓名：_____ 選民出生日期：_____

(請工整書寫名字和姓氏)

選民的 Sacramento

縣住址：_____

本人確知，故意在此表上提供不正確資訊屬於犯罪行為。
根據加州法律規定，本人特此聲明，本表中資訊真實準確，否則甘願接受偽證罪處罰。

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CANCELLATION OF VOTER REGISTRATION

Please complete, print, and sign the cancellation form in order to cancel your voter registration record, per EC § 2201. This form can be mailed to our office: 7000 65th Street, Suite A Sacramento, CA 95823, faxed to (916) 854-8856 or emailed to voterinfo@saccounty.gov.

I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

I, _____ wish to cancel my voter registration. Date of Birth: _____
(print first and last name)

Residence or
prior address in
Sacramento County: _____

NO CHANGES WILL BE MADE TO YOUR RECORD WITHOUT YOUR SIGNATURE.

**SIGNATURE
or MARK:** _____

Date

If you are reporting a cancellation besides your own, such as a move, death, or other, please provide the information below. This information is subject to verification. Please fill out and sign the bottom portion of this form and return to our office.

THIS FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

Name of person reporting the cancellation: _____
(first and last)

Your Relationship to the voter: _____ Your Contact Information: _____
(email or phone number)

Reason for Cancellation: _____

Voter's name to be cancelled: _____ Voter's Date of Birth: _____
(first and last name)

Voter's Sacramento County
Residence Address: _____

I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

NO CHANGES WILL BE MADE WITHOUT YOUR SIGNATURE.

**SIGNATURE
or MARK:** _____

Date