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

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)

Your Sacramento County
Residence Address: _____

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

SIGN or
MARK Here: _____

                                                                                                Date

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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.

SIGN or
MARK Here: _____

                                                                                                Date