



# CANCELLATION

## REQUEST FOR VOTER REGISTERED IN WASHOE COUNTY

**\*\*WARNING: THIS REMOVES YOU FROM THE VOTING ROLLS OF WASHOE COUNTY\*\***

LAST NAME			FIRST NAME				MIDDLE				
RESIDENCE ADDRESS						CITY			ZIP		
MM	DD	YYYY									
DATE OF BIRTH			NV DRIVER'S LICENSE or ID CARD #								

*I understand that this form may only be used in the event that I am currently registered to vote in Washoe County, under the name that appears above and that this form will be used for the sole purpose of removing my name from the voter registration rolls in Washoe County.*

SIGNATURE (REQUIRED)

TODAYS DATE



FAX: (775) 328-3747



MAIL: (Registrar of Voters) 1001 E 9<sup>TH</sup> ST. RENO, NV 89512



DELIVER: (Registrar of Voters) 1001 E 9<sup>TH</sup> ST. (Bldg. A) RENO, NV 89512



SCAN & E-MAIL TO: electionsdepartment@washoecounty.us

For Office Use Only  
Transaction Completed By \_\_\_\_\_ VID: \_\_\_\_\_ Date: \_\_\_\_\_