



REQUEST FOR VOTER REGISTRATION CANCELLATION

I hereby request my voter registration to be canceled in Sangamon County, Illinois

Name: _____

Sangamon County street address: _____

City: _____ Zip: _____

Date of Birth: _____ Phone: _____

Signature: _____ Date: _____

Please mail completed form to Sangamon County Election Office
200 S. 9th Street, 1st Floor, Springfield, Illinois 62701
Website: countyclerk.sangamonil.gov

If you have any questions, please call Sangamon County Election Office at 217-753-8683.