

# REQUEST TO CANCEL MY BALLOT REQUEST



This form can only be completed by the voter.

## STEP 1:

Fill out the form

## STEP 2:

Sign and date the form

## STEP 3:

Mail or deliver to your county voter registration office (see list on page 2)

### By submitting this form, you're requesting the following:

- You no longer wish to receive a mail ballot for the upcoming election and request for your ballot request to be canceled.
- If you are a permanent or annual voter, you are also requesting for your permanent status to be canceled and to cancel all ballot requests for any upcoming election(s). If you would like to receive a mail ballot in the future, you'll need to reapply for one.

(A permanent or annual mail-in voter is someone who requested to receive a mail-in ballot automatically for every election for which they're eligible that year. The voter is then given a choice to renew this request each future year if they choose.)

<b>Printed Name</b> 1	Last name _____	<input type="checkbox"/> Jr	<input type="checkbox"/> Sr	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
	First name _____	Middle name or initial _____				

<b>Identification</b> This information will only be used to locate your record on file and process your request. Your ID information will be confidential.	2 PA driver's license or PennDOT ID card number _____	or
	Last four digits of your Social Security number      X X X - X X - _____	
	Date of birth M M / D D / Y Y Y Y _____	

<b>Address</b> Please write the address where you are registered to vote in Pennsylvania.	3 Street Address (Not P.O. Box) _____ Apt. # _____
	City/Town _____ State _____ Zip Code _____
	Municipality _____ County _____

<b>Contact</b> Please add your contact information in case there are any questions.	4 Phone (Optional) ###-###-#### _____
	Email (Optional) _____

**NOTICE** 6 False statements on this form are punishable pursuant to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

<b>Signature</b> 5 _____	Date _____
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