

VOTER REQUEST TO CANCEL REGISTRATION

INSTRUCTIONS

This form can only be completed by the registered voter. You may voluntarily cancel your voter registration by completing this form. Please mail or deliver the completed and signed form to your local election office.

1. Complete, Print and Sign the cancellation form below.
2. Deliver the completed form via USPS mail or personal delivery to the City Clerk's Office.

I hereby request the cancellation of my Voter Registration in the State of Michigan.

My registration is on file with the City of Battle Creek, Calhoun County, State of Michigan. **Full Name** (please print)

First: _____ Middle: _____

Last: _____ Suffix: _____

Date of Birth: ____ / ____ / ____

Address at which you are a Registered Voter (please print)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Phone Number: (____) ____ - ____

Email Address: _____ @ _____

Identification: This information will only be used to confirm your record in the Qualified Voter File. Your ID Information will be confidential.

MI Driver's License or Identification Card Number:

Last 4 digits of your Social Security Number: x x x - x x - _____

Signature: _____

Date: ____ / ____ / ____

Please mail or deliver this completed form to City of Battle Creek, 10 N. Division Street, Room 111, Battle Creek, MI 49014. You may also email the completed form to cityclerk@battlecreekmi.gov

