



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

MARK CHURCH
 CHIEF ELECTIONS OFFICER &
 ASSESSOR-COUNTY CLERK-RECORDER

Authorization to Cancel Voter Registration

Please remove my name from the voter file. I understand that I will no longer be able to vote in elections in San Mateo County.

Please Note: A Power of Attorney can not be used to cancel a voter's registration

Voter Information

Last Name	First Name	Middle Initial
Residential Address <i>(as registered in San Mateo County)</i>		
City		Zip Code
Date of Birth	California Driver's License <i>(optional)</i>	Last 4 Digits of Social Security Number <i>(optional)</i>

Reason for Removal

- I No Longer Live in San Mateo County
- I No Longer Want to Be Registered Voter in San Mateo County
- Other _____

I authorize cancellation of my voter registration at the address listed above.

Signature of Voter	Date
--------------------	------

Please mail, fax, email, or deliver this completed application to:

San Mateo County, Registration & Elections Division
 40 Tower Road, San Mateo, CA 94402
 Fax: 650.312.5348
 Email: registrar@smcacre.org

If you have any questions, comments, or concerns, please contact us at:

Telephone: 650.312.5222
 Email: registrar@smcacre.org

Authorization to Cancel Voter Registration