



Mark Church

Chief Elections Officer & Assessor-County Clerk-Recorder

40 Tower Road
San Mateo, CA 94402-4035
phone 650.312.5222 fax 650.312.5348
email registrar@smcare.org
web www.shapethefuture.org

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 (as registered in San Mateo County)				
CITY			ZIP CODE	
DATE OF BIRTH	CALIFORNIA DRIVER'S LICENSE (optional)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (optional)	

REASON FOR REMOVAL

- I NO LONGER LIVE IN SAN MATEO COUNTY
- I NO LONGER WANT TO BE A REGISTERED VOTER IN SAN MATEO COUNTY

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

SIGNATURE OF VOTER	DATE
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Please mail, fax, email, or deliver this completed application to:

San Mateo County, Registration & Elections Division
40 Tower Road, San Mateo, CA 94402-4098
Fax: (650) 312-5348
Email: registrar@smcare.org

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

Telephone: (650) 312-5222
Email: registrar@smcare.org