

CANCELLATION OF VOTER REGISTRATION

NAME <i>(Please Print: Last, First, Middle)</i>	PHONE NUMBER
DATE OF BIRTH	FORMER NAME <i>(if changed)</i>
ADDRESS WHERE YOU LIVE	PLACE LAST REGISTERED _____ <i>City County State</i>
MAILING ADDRESS <i>(if different than where you live)</i>	CHECK ONLY IF YOU WISH TO HAVE YOUR REGISTRATION CANCELLED <input type="radio"/> CANCEL VOTER REGISTRATION IN BEAVERHEAD COUNTY

SINGATURE: _____

DATE: _____