

REQUEST TO CANCEL PERMANENT ABSENTEE OR MAIL-IN STATUS



INSTRUCTIONS

Fill out this form if you are currently receiving an annual application for absentee or mail-in ballots but would like to stop receiving them. 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)

I no longer wish to receive an application for absentee or mail-in ballots each year.

Printed Name 1 Last name _____ Jr Sr II III IV (Circle if applicable)
First name _____ Middle name or initial _____

Identification

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 _____ }
Last four digits of your Social Security number X X X - X X - _____ } or
Date of birth | | / | | / | | M M / D D / Y Y Y Y

Address

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 _____

Contact

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).

Signature 5 _____

Date _____