Voter Registration Cancellation Request Form



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Verification					/
☐ Cancel my Vot	ter Registration	n in Benton Cour	nty		
Reason:					
	I no longer li Voter Reque	er live in Benton County			
	Other:			-	
7 Voter Informat	tion				
Z voter informati	LIOII	1	ı		
First Name		Middle Name		Last Name	
Benton County	Street Address		City		Zip
Date of Birth		Registration Num	ber (Optional)		
3 Signature					
					1
Signature				Date	
If unable to sign your	r name, sign with	an "x" then have 2 v	vitnesses comp	olete the section I	below.
Witness Signatu	Witness Signature (Optional)			Date	
Witness Signatu	ıre (Optional)			Date	

Return

Please mail completed form to:

Benton County Elections PO Box 1440 Prosser WA 99350