



Request for Cancellation of Voter Registration By Voter

Please complete the entire form and mail to; Snohomish County Elections
3000 Rockefeller Ave M/S 505
Everett WA 98201

Information regarding the Cancellation of your Voter Registration

Please print

Name _____

Street address _____

City _____

Date of birth _____

Phone Number _____

Certification

I hereby declare, under penalty of perjury, that I am the registered voter above and I request to be removed from the Snohomish County registration rolls:

Signature & Date

Note: If a voter is unable to sign his or her signature above, the voter shall make a mark or attempted signature on the line provided for the voter's signature. For this form to be processed, two other persons must witness the attempted signature.

Witness Certification: I witness the voter, whose names appears above on this form, make a mark or attempted signature on the line above. I certify, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

(1) Witness _____
Signature & Date

(2) Witness _____
Signature & Date

If you have questions concerning the cancellation process, please contact Snohomish County Elections at 425-388-3444.