

Voter Cancellation Form

I wish to cancel my Oregon voter registration in Deschutes County because I:

Moved out of state

No longer want to be registered to vote in Oregon

Other

Personal Information – all information is required

Last Name	First	Middle
Oregon Residence Address	City	Zip Code
Date of Birth (Month/Day/Year))	
Signature	Date	
Optional Information – in case we have trouble locating your registration record		
Email	Phone	
Note: Only wet signtures accept	ted. Form may be submitted by emai	il, mail, or fax.
Please send completed form to:		
Email: elections@deschutes.org	Mail: Deschutes County Elections PO Box 6005 Bend, OR 97708-6005	Fax: (541) 383-4424
If you need assistance or have a (541) 388-6547.	iny questions, please call the Deschut	tes County Elections office at