

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 h	nave trouble locating your registra	tion record	
Email	Phone		
Note: Only wet-ink signtures accept	ed. Form may be submitted by en	nail, mail, or fax.	
Please send completed form to:			
Email: elections@deschutescounty.gov	Mail: Deschutes County Elections	Fax: (541) 383-4424	
	PO Box 6005 Bend, OR 97708-6005		

If you need assistance or have any questions, please call the Deschutes County Elections office at (541) 388-6547.