Voter Cancellation Form



I wish to cancel my Oregon voter registration in Multnomah County because I:				
☐ Moved out of state☐ No longer want to be re☐ Other	egistered or vote in Ore	gon		
Personal Information – all information	mation is required			
Last Name	First	Mido	Middle	
Oregon residence address		City	Zip Code	
Date of Birth (month/day/year)	_			
Signature (Signature required.)		Date	e	
Optional information – in case v			record	
Email		Pho	ne	
Form may be submitted by mai	il, fax or email attachr	nent		
Please send this completed for	rm to:			
Mail: Multnomah County Elections 1040 SE Morrison St. Portland, OR 97214	Fax: 503.988.3719	9	Email: elections@multco.us	

If you need assistance or have any questions, please feel free to call us at 503.988.VOTE (8683). Please note: Signature that matches your voter registration signature is required. Please print and sign this form before returning the completed form.