Voter Cancellation Request



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

] No longer want to be registered to vote in Oregon

Other

Personal Information – all information is required

Last N	lame	First		Middle	
Orego	n residence address				
Date o	of Birth (month/day/year)				
Signa	ture			Date	
Optional Information – in case we have trouble locating your registration record					
Email				Phone	
Subm	itting your Form — via emai	l, fax or mail			
Pleas	e send this completed form	to:			
Mail:	Clackamas County Electio 1710 Red Soils Ct, Suite 10		Email:	elections@clackamas.us	
	Oregon City, OR 97045		Fax:	503-655-8461	

For further assistance, you may contact our office at 503-655-8510.