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 is required			
Last Name	First	Midd	lle
Oregon residence address		City	Zip Code
Date of Birth (month/day/year)	_		
Signature		Date	9
Optional information – in case we have trouble locating your registration record			
Email		Phor	ne
Form may be submitted by mail, fax or email attachment			
Please send this completed for	rm to:		
Mail: Multnomah County Elections 1040 SE Morrison St. Portland, OR 97214	Fax: 503.988.3719)	Email: elections@multco.us

If you need assistance or have any questions, please feel free to call us at 503.988.3720.

