REQUEST TO CANCEL MY BALLOT REQUEST

pennsylvania
DEPARTMENT OF STATE

This form can only be completed by the voter.

STEP 1:	STEP 2:	STEP 3:
Fill out the form	Sign and date the form	Mail or deliver to your county voter registration office (see list on page 2)

By submitting this form, you're requesting the following:

- You no longer wish to receive a mail ballot for the upcoming election and request for your ballot request to be canceled.
- If you are a permanent or annual voter, you are also requesting for your permanent status to be canceled and to cancel all ballot requests for any upcoming election(s). If you would like to receive a mail ballot in the future, you'll need to reapply for one.

  (A permanent or annual mail-in voter is someone who requested to receive a mail-in ballot automatically for every election for which they're eligible that year. The voter is then given a choice to renew this request each future year if they choose.)

Printed Name 1

Last name ☐Jr ☐Sr ☐II ☐III ☐IV

First name Middle name or initial

Identification
This information will only be used to locate your record on file and process your request. Your ID information will be confidential.

2

PA driver's license or PennDOT ID card number

or

Last four digits of your Social Security number X X X - X X -

Date of birth M M / D D / Y Y Y Y

Address
Please write the address where you are registered to vote in Pennsylvania.

3

Street Address (Not P.O. Box) Apt. #

City/Town State Zip Code

Municipality County

Contact
Please add your contact information in case there are any questions.

4

Phone (Optional) ###-###-####

Email (Optional)

NOTICE 5 False statements on this form are punishable pursuant to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature 6

Date