



AFFIDAVIT OF CANCELLATION OF REGISTRATION

A voter may request in writing that their name be removed from the voter registration file (no reason need be given), or a voter may acknowledge in writing that he/she no longer is a resident of the election jurisdiction.

To the Election Authority Kathy Michael, McLean County Clerk
County of McLean, Illinois

This is to certify that I am registered in McLean County and that my residence is:

(McLean County Address, City, Zip)

(1) Having moved out of your County, I hereby authorize you to cancel the registration in McLean County.

(2) I hereby request my voter registration to be canceled in McLean County.

Dated at _____ Illinois,

(Month/Day/Year)

(Print Name Here)

(Signature of Voter)

(Date of Birth)

(Phone)

Print and Mail to:

Kathy Michael, McLean County Clerk
115 E Washington St, Room 102
PO Box 1328
Bloomington, IL 61702