

REQUEST FOR VOTER REGISTRATION CANCELLATION

I hereby request my voter registration to be canceled in Mason County, Illinois.

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Signature: _____ Date: _____

Please complete and return to:
Mason County Clerk
100 N. Broadway, P.O. Box 77
Havana, IL 62644
countyclerk@masoncountyil.org
309/543-6661