

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.gov

[v 309/543-6661](tel:3095436661)