



Mark Church

Chief Elections Officer & Assessor-County Clerk-Recorder

40 Tower Road
 San Mateo, CA 94402
phone 650.312.5222 **fax** 650.312.5348
email registrar@smcare.org
web www.shapethefuture.org

Authorization to Cancel Voter Registration

Please remove my name from the voter file. I understand that I will no longer be able to vote in elections in San Mateo County.

VOTER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
RESIDENTIAL ADDRESS <i>(as registered in San Mateo County)</i>		
CITY		ZIP CODE
DATE OF BIRTH	CALIFORNIA DRIVER'S LICENSE <i>(optional)</i>	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <i>(optional)</i>

REASON FOR REMOVAL

- I NO LONGER LIVE IN SAN MATEO COUNTY
- I NO LONGER WANT TO BE REGISTERED VOTER IN SAN MATEO COUNTY
- OTHER _____

I authorize cancellation of my voter registration at the address listed above.

SIGNATURE OF VOTER	DATE
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Please mail, fax, email, or deliver this completed application to:

San Mateo County, Registration & Elections Division
 40 Tower Road, San Mateo, CA 94402
 Fax: 650.312.5348
 Email: registrar@smcare.org

If you have any questions, comments, or concerns, please contact us at:

Telephone: 650.312.5222
 Email: registrar@smcare.org