



Cancellation of Voter Registration - Voter Request

Use this form to request Pierce County Elections to cancel your voter registration. A voter's registration may only be cancelled at the request of the registered voter themselves.

1. Provide your information

Name:	First	Middle	Last
Date of Birth: (mm/dd/yyyy)	Voter Registration No. (if known)		
Registered Address:			

2. Sign and date

I hereby authorize the cancellation of my voter registration.

Signature:	Date:
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How to return this form:

Mail:
Pierce County Auditor
2501 S 35th St Ste C
Tacoma, WA 98409-9858

Email: pcelections@co.pierce.wa.us

Questions?: 253-798-VOTE (8683)