



Mark Church

Chief Elections Officer & Assessor-County Clerk-Recorder

40 Tower Road
San Mateo, CA 94402-4035
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 (as registered in San Mateo County)		
CITY		ZIP CODE
DATE OF BIRTH	CALIFORNIA DRIVER'S LICENSE (optional)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (optional)

REASON FOR REMOVAL

- I NO LONGER LIVE IN SAN MATEO COUNTY
- I NO LONGER WANT TO BE A 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 94402-4098
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