

# REQUEST TO CANCEL PERMANENT ABSENTEE OR MAIL-IN STATUS



## INSTRUCTIONS

Fill out this form if you are currently receiving an annual application for absentee or mail-in ballots but would like to stop receiving them. This form can **only** be completed by the voter.

### STEP 1:

Fill out the form

### STEP 2:

Sign and date the form

### STEP 3:

Mail or deliver to your county voter registration office (see list on page 2)

## I no longer wish to receive an application for absentee or mail-in ballots each year.

Printed Name 1

Last name \_\_\_\_\_ Jr Sr II III IV (Circle if applicable)  
First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_

### Identification

This information will only be used to locate your record on file and process your request. Your ID information will be confidential.

2 PA driver's license or PennDOT ID card number \_\_\_\_\_ or  
Last four digits of your Social Security number X X X - X X - \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY

### Address

Please write the address where you are registered to vote in Pennsylvania.

3 Street Address (Not P.O. Box) \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Municipality \_\_\_\_\_ County \_\_\_\_\_

### Contact

Please add your contact information in case there are any questions.

4 Phone \_\_\_\_\_ (Optional)  
Email (Optional) \_\_\_\_\_

### NOTICE

6 False statements on this form are punishable pursuant to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature

5

Date