

**CHAMPAIGN COUNTY CLERK, AARON AMMONS**  
NOTICE OF VOTER REGISTRATION CANCELLATION FOR VOTERS REGISTERED  
IN CHAMPAIGN COUNTY

**PLEASE PRINT CLEARLY!** Complete and sign this form.

*Return to Champaign County Clerk, 1776 E Washington St, Urbana, IL 61802 or email to [mail@champaigncountyclerk.com](mailto:mail@champaigncountyclerk.com)*

**I, the undersigned, request that my voter registration be cancelled.**

I, \_\_\_\_\_ would like to have my voter registration record cancelled from the Voter Registration files in Champaign County, Illinois. I understand that I will be unable to participate in any Election unless I re-register to vote from my permanent address within Champaign County, Illinois.

Date of Birth \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_

**OR**

Last four digits of Illinois Driver's License Number \_\_\_\_\_

Today's Date \_\_\_\_\_ Signature \_\_\_\_\_