



**INDIVIDUAL REQUEST TO
CANCEL OREGON VOTER REGISTRATION**

Name: _____

Oregon Residence Address: _____

City and Zip Code: _____

Date of Birth: _____

**By signing* below I request to cancel my Voter Registration in
Washington County, Oregon.**

Signature: _____ Date: _____

**Document must be hand-signed. Electronic signatures will not be accepted.*

Please return this form by email to elections@washingtoncountyor.gov or by mail to 2925 NE
Aloclek Drive, Suite 170, Hillsboro, OR 97124.