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Deputy Commissioner

AUTHORIZATION TO CANCEL REGISTRATION

Please cancel my voter registration at the following
address, as I no longer reside in Westchester County. This is my current address:

Street or P.O. Box	Street or P.O. Box
City or Town	City or Town
County or Parish	County or Parish
State, ZIP Code	State, ZIP Code

Print Name:



Signature:



Date Signed:



Date of Birth:



UPON COMPLETION PLEASE MAIL FORM BACK TO OUR OFFICE