

AUTHORIZATION TO CANCEL REGISTRATION

(Name of person authorizing cancellation of voter registration)

It is my intent to make the _____ my residence
for voting purposes. (Name of Town, Village or City)

I authorize the cancellation of my voting privileges at the following address:

(Former street address)

(Town, Village, or City) County (State) (Zip Code)

I am not registered to vote at my previous address.

Date _____ (Signature of elector)

(Current street address)

EB-138 (8/2000)

ss.6.40(1)(b), 6.55(2)(a) 2., Stats.

(municipality, state and zip code)

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