REQUEST FOR CANCELLATION OF VOTER REGISTRATION
MEAGHER COUNTY

NAME: _____ _____ _____
Last First Middle

Date of Birth: _____

Residential Address: _____

Reason for Cancellation: _____

Forwarding Address: _____

I hereby request my name be removed from the voter registration records of Meagher County:

Signature _____ Date _____

Please complete and return to:

Meagher County Clerk & Recorder
Dayna Ogle
15 West Main Street - PO 309
White Sulphur Springs, MT 59645

Phone (406) 547-3612
Fax (406) 547-3388