

POLK COUNTY OFFICIAL VOTER REGISTRATION CANCELTION FORM

Fill out form and mail in an envelope to : Jamie Fitzgerald Polk County Auditor 120 2nd Ave., Suite A Des Moines, IA 50309

REQUEST TO CANCEL VOTER REGISTRATION

ID Number

Provide your Iowa driver's license, non-operator ID number, or the last 4 digits of your Social Security number if you have one.

- Iowa driver's license #: _____
- Iowa non-operator ID #: _____
- Last 4 digits of Social Security number: XXX-XX- _____
- I do not have an IA driver's license, non-operator ID, or Social Security number.

Additional Information

(Date of birth and sex are required)

Date of Birth (month, day, year) _____ / _____ / _____

Sex Male Female

Phone and /or Email (optional) _____

Your Name

Last _____

First _____

Middle _____ Suffix _____

Most Recent Polk County Registration Address

Street Address _____
(include apartment, unit, lot etc.)

City _____ Zip _____ County (i.e Polk) _____

If homeless or you do not have an established residence, describe where you reside:

Voter Affidavit

I hereby request that my voter registration in Polk County, Iowa be cancelled. I affirm that the information I have provided is accurate to the best of my knowledge.

Signature _____ Date _____

Original Signature Required
Mail this completed form in an envelope to
Jamie Fitzgerald, Commissioner of Elections
Polk County Election Office
120 2nd Ave., Suite A
Des Moines, IA 50309