



## **Application To Cancel Registration**

**Name:** Forrest Allison

**Date Of Birth:** \_\_\_\_\_

**Address:** 426 mountain shadows ln , 98250

**Reason For**

**Cancellation:** \_\_\_\_\_

**E-mail:** light24bulbs@gmail.com

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print, Sign and Return this form:**

**By email:** *sfvote@sfgov.org (include subject line: Voter Registration Cancellation)*

**By fax:** (415) 554-4372

**By mail:** San Francisco Department of Elections, Voter Services Division  
1 Dr. Carlton B. Goodlett Place  
City Hall, Room 48  
San Francisco, CA 94102