**REQUEST FOR CANCELLATION OF VOTER REGISTRATION**
**HILL COUNTY**

Voter ID#:_____

NAME: _____ _____ _____
First Middle Last

Date of Birth: _____

Residential Address: _____

Reason for Cancellation: _____

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

Signature _____Date _____

*Please complete and return to:*

Hill County Elections
315 4th Street
Havre, MT 59501

Phone (406) 265-5481 ext. 2321
Fax (406) 265-2445