

Dallas County Official Voter Registration Cancellation Form

Fill out form and mail in an envelope to: Dallas County Auditor, 210 N. 10th, Adel, IA 50003

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 (month, day, year) _____/_____/_____

Sex Male Female

(Date of birth and sex are required) Phone and/or Email _____ (optional)

Your Name

Last _____

First _____

Middle _____ Suffix _____

Most Recent Dallas County Registration Address

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

City _____ Zip _____ County: Dallas
(if homeless or you do not have an established residence, describe where you reside: _____)

Voter Affidavit

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

Signature: _____ Date: _____