



Office of the Recorder Voter Registration



CANCEL VOTER REGISTRATION FORM

If you are currently registered to vote in Maricopa County, you may cancel your voter registration by using this form. You must fill out all the required fields as marked below.

1. Information about Voter

Legal Full Name: _____
(as used to register to vote) First / Middle Name or Initial / Last Name

Complete Residence Address: _____
(as used to register to vote) Number and street (PO Box is not accepted)

City, State and Zip Code

Date of Birth: _____ State of Birth: _____
Month / Day / Year

2. Identifying Information (One Entry Required)

Voter Identification Number: _____ Last four digits of Social Security number: _____

AZ Driver's License Number or AZ ID Number: _____

I affirm that the voter registration information provided above is true and accurate. I hereby request cancellation of my voter registration and removal from the voter registration file, effective the date that this form is received by the Maricopa County Recorder's Office.

I understand that I will no longer be eligible to vote in Maricopa County unless I register to vote again.

Signature (required): _____

Date (required): _____

Return the signed and completed form

By mail:
Maricopa County Recorder's Office
Voter Registration Department
111 S 3rd Ave, Ste 102
Phoenix, AZ 85003

By e-mail:
voterinfo@risc.maricopa.gov
By fax:
602-506-3069

Questions? Call (602) 506-1511

Office Use Only

DATE RECEIVED: _____ DATE CANCELED: _____ CANCELED BY: _____