

California Voter Registration Cancellation Request Form

1. I, Michelle Lynn Schmidt (full name, as registered to vote), would like to cancel my voter registration. Please cancel my registration, as authorized by California Elections Code section 2201 (a).

2. **Print Full Legal Name:** Michelle Lynn Schmidt
(as used to register to vote) First / Middle Name or Initial / Last

3. **Date of Birth:** May 03, 1960
Month / Day / Year

4. **Complete Residence Address:** 1130 Davis Street
(as used to register to vote) Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N,S,E,W if used)

Vacaville 95687 Solano
City / Zip Code / California County

5. **Mailing Address:** % 8108 Squaw Springs Lane
(if different from above) Number and Street (Designate N,S,E,W if used)

Las Vegas, Nevada [89131]
City / State or Foreign County / Zip Code or Postal Code

Confidential Information: *(Optional)* Please provide the following information to ensure that your voter file record can be accurately identified.

6. **California Driver License or Identification Card Number:** _____

7. **Social Security, Last 4 Numbers:** 4287

Signature: by: Michelle Lynn Schmidt © TM
All rights reserved without prejudice

Date: 10/25/2022

Please sign and date this form and return to your county elections office. Questions? Contact your [county elections office](#).



California Voter Registration Cancellation Request Form

1. I, Craig Philip Schmidt (full name, as registered to vote), would like to cancel my voter registration. Please cancel my registration, as authorized by California Elections Code section 2201 (a).

2. **Print Full Legal Name:** Craig Philip Schmidt
(as used to register to vote) First / Middle Name or Initial / Last

3. **Date of Birth:** May 25, 1960
Month / Day / Year

4. **Complete Residence Address:** 1130 DAVIS St.
(as used to register to vote) Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N,S,E,W if used)

Vacaville, 95687 Solano
City / Zip Code / California County

5. **Mailing Address:** 8108 Squaw Springs Lane
(if different from above) Number and Street (Designate N,S,E,W if used)

Las Vegas, Nevada 89131
City / State or Foreign County / Zip Code or Postal Code

Confidential Information: **(Optional)** Please provide the following information to ensure that your voter file record can be accurately identified.

6. **California Driver License or Identification Card Number:** _____

7. **Social Security, Last 4 Numbers:** 1296

Signature: by: Craig Philip Schmidt ©™
All Rights Reserved Without Prejudice

Date: 10-25-2022

Please sign and date this form and return to your county elections office. Questions? Contact your county elections office.

