



UNION COUNTY

OREGON

INDIVIDUAL REQUEST TO CANCEL OREGON VOTER REGISTRATION

Name: _____

Oregon Residence Address: _____

City and Zip Code: _____

Date of Birth: _____

Reason: _____

**By signing* below I request to cancel my Voter Registration in
Union County, Oregon.**

Signature: _____ Date: _____

**Document must be hand-signed. Electronic signatures will not be accepted.*

Please return this form by email to clerk@union-county.org or by mail to:
1001 Fourth Street, Suite D, La Grande, OR 97850