Revised 3/21/2018

REQUEST TO CANCEL VOTER REGISTRATION
STORY COUNTY, IOWA

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.

- ☐ **IA driver's license #:** _____ _____ _____ _____ _____ _____ _____ _____ _____
- ☐ **IA 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 and gender are required.

Date of Birth (month, day, year) _____ _____ / _____ _____ / _____ _____ _____ _____

Sex ☐ Male ☐ Female

Your Name

Last

First

Middle **Suffix**

Most Recent Story County Registration Address

Street Address
(include apt., lot, etc.)

City **Zip**

If homeless or you did not have an established residence, describe where you reside:

Voter Affidavit

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

Signature **Date**

Step 3: Tape Here

Place 1st Class stamp here. Post Office will not deliver without proper postage.

Cancellation Request

_____

_____

_____

Step 4: Tape Here

LUCY MARTIN, STORY COUNTY AUDITOR
AND COMMISSIONER OF ELECTIONS
900 6TH ST
NEVADA IA 50201

Step 2: Fold Here

Step 1: Fold Here