



REQUEST FOR REMOVAL OF NAME FROM VOTING RECORDS (Registration Cancellation)



You may only cancel your own registration and your handwritten signature is required. You **CANNOT** cancel another voter's registration (relative, friend, neighbor, etc.)

TO: THE CLARK COUNTY, NV, ELECTION DEPARTMENT

Please remove my name from the Clark County, NV, registration records:

My Full Name: _____
(print last, first and middle name)

My Date of Birth: _____
(print month/day/year)

Identification Number: _____
(NV Driver's License No., NV ID Card No., or Last 4 Digits of Your Social Security No.)

My Address (print Clark County residential address where currently registered):

Reason: _____
(OPTIONAL, example would be "moved out of Clark County")

My Signature: _____
(handwrite your signature)

Date: _____
(print today's date)

HOW TO SUBMIT YOUR REQUEST

- **Postal Mail:** Clark County Election Dept., P.O. Box 3909, Las Vegas, NV 89127-3909; or
- **In-Person:** Clark County Election Dept., 965 Trade Dr., Suite A, North Las Vegas; or
- **E-Mail (scanned PDF preferred):** ELINFO@ClarkCountyNV.gov; or
- **Fax:** (702) 455-2831.

FOR OFFICE USE ONLY

Accepted By: _____
Election Official
Date