



REQUEST FOR VOTER REGISTRATION CANCELLATION

I hereby request my voter registration to be canceled in Macon County, Illinois

Name: _____

Macon County street address: _____

City: _____ Zip: _____

Date of Birth: _____ Phone: _____

Signature: _____ Date: _____

Please mail completed form to Macon County Office Building
141 South Main Street, Room 104, Decatur, Illinois 62523
www.co.macon.il.us

If you have any questions, please call Macon County Clerk's Office at 217-424-1309