



CANCELLATION OF BUTTE-SILVER BOW VOTER REGISTRATION

Date: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Butte-Silver Bow Residential Address: \_\_\_\_\_

Reason for Cancellation:

- Moved out of county
- Moved out of State
- Other

County moving to: \_\_\_\_\_

*I hereby request my name be removed from the voter registration records of Butte-Silver Bow:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please complete and return this form to:*  
Butte-Silver Bow Clerk & Recorder  
Voter Registration  
155 W. Granite St., Room 208  
Butte, MT 59701  
clerkrec@bsb.mt.gov