

**REQUEST FOR REMOVAL FROM THE VOTER REGISTRATION ROLL**

STATE OF KANSAS  
COUNTY OF CLOUD ss.

DATE: \_\_\_\_\_

I, Name \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

City/Township \_\_\_\_\_ Ward \_\_\_\_\_ Pct \_\_\_\_\_,

(The above address was or is your Cloud County Address)

BEING A QUALIFIED ELECTOR, DO REQUEST THAT MY NAME BE REMOVED FROM THIS ROLL AS OF THE DATE WRITTEN ABOVE.

I NOW RESIDE AT \_\_\_\_\_.  
(FILL THIS OUT IF THIS IS THE REASON FOR THE REMOVAL REQUEST)

PREVIOUS NAME: \_\_\_\_\_  
( FILL OUT IF APPLICABLE)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness ( if needed )

FOR ID PURPOSES ONLY: DATE OF BIRTH \_\_\_\_\_