



**PRINT FULL NAME AS
APPEARS ON
CURRENT REGISTRATION**

LAST NAME

FIRST NAME

MIDDLE NAME OR INITIAL



REQUEST FOR REMOVAL OF NAME FROM REGISTRATION ROLLS FOR VOTERS REGISTERED IN WASHOE COUNTY

This form is to be used ONLY by persons currently registered in WASHOE County.

RESIDENCE ADDRESS IN WASHOE COUNTY

CITY

ZIP

DATE OF BIRTH: _____ NV DRIVER'S LICENSE OR NV ID #: _____

I understand that this form may only be used in the event that I am currently registered to vote in Washoe County, under the name that appears above and that this form will be used for the sole purpose of removing my name from the Voter Registration Roles in Washoe County.

SIGNATURE: _____ DATE: _____

MAIL TO: Registrar of Voters OR FAX TO: (775) 328-3747 OR DELIVER TO: Registrar of Voters
P O Box 11130 1001 E Ninth St, Bldg A, Room 135
Reno NV 89520 Reno NV 89512

FOR OFFICE USE ONLY:

Transaction Date _____ Deputy Registrar _____