REQUEST TO CANCEL APPLICATION FOR BALLOT BY MAIL

To be completed by all voters intending to cancel their Application for Ballot by Mail:

I, ____________________________, a qualified voter for the ____________________________
Election to be held on __________ / ______ / ______ request that my Application for Ballot by Mail be cancelled.

VOTER HAS MAIL BALLOT

STATEMENT
I am returning my mail ballot/presenting a Notice of Improper Delivery (circle one) to the early voting clerk/deputy early voting clerk/presiding election judge (circle the appropriate officer) and canceling my ballot by mail.

X ____________________________
Signature of Voter

VOTER DOES NOT HAVE MAIL BALLOT

AFFIDAVIT A
Affidavits A and B are only executed in person at the early voting clerk’s office. These Affidavits are only used when the voter is canceling his/her application with the EV clerk after the close of early voting by personal appearance or on Election Day.

I, ____________________________, do hereby affirm that I have not received my mail ballot at the time of making my request to cancel my Application for Ballot by Mail.

X ____________________________
Signature of Voter

OR

AFFIDAVIT B
I, ____________________________, do hereby affirm that I have not requested a mail ballot.

X ____________________________
Signature of Voter

OR

AFFIDAVIT C
Affidavit C is only executed in person at the early voting clerk’s office. It must be executed before the carrier envelope is delivered to the early voting ballot board.

I hereby request that my mail ballot be canceled. I, ____________________________ affirm that I did not mark my ballot that was sent to me by mail.

X ____________________________
Signature of Voter

This section to be completed by early voting clerk, deputy early voting clerk, or election judge.

Name of Voter ____________________________ Voter’s Precinct Number ____________ VUID ____________

Sworn to and subscribed before me, this _____ day of ____________________________, 20 ___.

X ____________________________
Signature of Officer Administering Oath

Denied ________ Reason __________________________________ Date ______ / ______ / ______