

ABSENTEE CANCELLATION

COMPLETE THIS FORM IF YOU WOULD LIKE TO WITHDRAW YOUR APPLICATION FOR ABSENTEE BALLOT

By signing below, I hereby acknowledge that:

____ I am returning my mailed absentee ballot to the clerk and canceling my mail ballot and absentee status.

OR

____ I have not received an absentee ballot by mail at the time of making this request. I hereby request that my mail ballot and absentee status be canceled.

Name of Absentee Voter
being Canceled:

First, M., Last

Pulaski County Address Only:

Street Address

City, State, Zip

Contact Telephone Number:

Date of Birth: _____
MM/DD/YY

Last Four Digits of Social Security Number: XXX-XX- _____

Signature

Date

NOTE: Any person who receives an absentee ballot according to the precinct voter registration list but who elects to vote by early voting or to vote at his or her polling site on election day may be required to cast a provisional ballot.

TERRI HOLLINGSWORTH
Pulaski Circuit/County Clerk
Voter Registration Department
P.O. Box 2659
Little Rock, AR 72203-9444
Office (501) 340-8336 Fax (501) 421-9255
www.pulaskiclerk.com