

REQUEST TO CANCEL BALLOT BY MAIL FOR USE IN THE EARLY VOTING CLERK'S OFFICE

84.032(b), 84.032(c)(1) 86.011(d)	I, _____, a qualified voter for the _____ (print name of voter) (name of election)
This Section Must Be Completed by Every Voter	Election to be held on ____ / ____ / ____ request that my Application for Ballot by (month) (day) (year) Mail or Federal Post Card Application be cancelled. I <u>did/did not</u> surrender my ballot by mail or present a Notice of Improper Delivery. (circle one)
	_____ VUID (required) Signature of Voter

To be Completed, in Person, at the Office of the Early Voting Clerk

84.032 (c)(2)(A)	I, _____, do hereby affirm that I have not received my (printed name of voter) mail ballot at the time of making my request to cancel my Application for Ballot by Mail or Federal Post Card Application.
Voter Did Not Receive Mail Ballot	_____ Signature of Voter

84.032 (c)(2)(B)	I, _____, do hereby affirm that I have not requested a (printed name of voter) mail ballot for this election.
Voter Did Not Apply for Mail Ballot	_____ Signature of Voter

84.032 (c)(2)(C)	I, _____, do hereby affirm that I received a Notice of (printed name of voter) Carrier Defect for a Carrier Envelope containing my marked ballot and that I wish to cancel my Application for Ballot by Mail or Federal Post Card Application.
Voter Received a Notice of Carrier Defect	_____ Signature of Voter

84.032(e)	I hereby request that my mail ballot be cancelled. I _____ (printed name of voter) affirm that I did not mark the ballot that was sent to me by mail.
Voter Did Not Mark Mail Ballot	_____ Signature of Voter

84.032(b)	I, _____ hereby request that my Annual Application for a (printed name of voter) Ballot by Mail or Federal Post Card Application be cancelled.
Annual ABBM or FPCA Cancellation	_____ Signature of Voter

This section to be completed by the Early Voting Clerk or Deputy Early Voting Clerk.

Sworn and subscribed before me, this ____ day of _____, 20____.
 (Day) (Month) (Year)

 Signature of Election Official Witnessing Affidavit

Denied _____ Reason _____ Date ____/____/____
