AUTHORIZATION TO CANCEL REGISTRATION
NEW WISCONSIN RESIDENTS

_____
(Name of person authorizing cancellation of voter registration)

It is my intent to vote for President and Vice President in Wisconsin, under s.6.15, Wis. Stats.

☐ I authorize the cancellation of my voting privileges at the following address:

_____
(Former street address)

_____ _____ _____
(Town, Village, or City) (State) (Zip Code)

☐ I am not registered to vote at my previous address.

Date _____ _____
(Signature of new Wisconsin resident)

_____
(Present Address)

EB-139 (Rev.4/92) (Ref. 1/98) _____
s.6.15(2)(b), Stats.

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