

Permanent Absentee Voter Cancel Request

I wish to remove my name from the permanent absentee voter list.

I understand that I will need to complete an absentee ballot application for any election in which I want to receive an absentee ballot by mail.

Full Name (Printed): _____

Residence Address: _____

Signature: _____ **Date:** _____

RETURN COMPLETED FORM TO:
City of Alexandria, Office of Voter Registration & Elections
132 N. Royal Street, Suite 100 Alexandria, VA 22314
Email: voteabsentee@alexandriava.gov
Fax: 703-838-6449 Phone: 703-746-4050
