

**REQUEST FOR CANCELLATION OF VOTER REGISTRATION
SWEET GRASS COUNTY**

NAME: _____
 Last First Middle

Date of Birth: _____

Residential Address: _____

Reason for Cancellation: _____

Forwarding Address: _____

I hereby request my name be removed from the voter registration records of Sweet Grass County:

Signature _____ Date _____

Please complete and return to:

Sweet Grass County Clerk & Recorder
Sherry Bjorndal
115 W 5th AVE
PO Box 888
Big Timber, MT 59011

Phone 406-932-5152

Fax 406-932-3026

Office Hours: 8-5 Monday - Friday