Voter Cancellation Request Form

This form can be used to cancel your Montana Voter Registration.

ELECTOR IDENTIFYING AND CONTACT INFORMATION

Last Name * | First Name * | Middle Name

Birthdate* | MT Driver's License # **OR** Last Four SSN

Phone Number | Email Address

Montana Residence Address | City | Zip Code

CANCELLATION REQUEST

*Reason for Cancellation ☐ Moved out of State ☐ Move out of County ☐ Request for Removal ☐ Other

☐ I affirm that I am requesting to cancel my voter registration in Cascade County County.*

Signature of Voter* **Date***

THIS AFFIRMATION MUST BE SIGNED BY THE PERSON REQUESTING THEIR VOTER REGISTRATION TO BE CANCELLED. FAILURE TO SIGN WILL PREVENT THIS REQUEST FROM BEING PROCESSED.

Return to:
Cascade County Elections
325 2nd Ave N, Room 100, Great Falls, MT 59401
Mail: PO Box 2305, Great Falls, MT 59403
Email: elections@cascadecountymt.gov
Fax: 406-454-6725

Submit the completed form to your local **county elections office.**

Updated: 9/2025