

**AUTHORIZATION TO CANCEL VOTER REGISTRATION  
NEW WISCONSIN RESIDENTS**

\_\_\_\_\_  
(Name of person authorizing cancellation of voter registration)

\_\_\_\_\_  
(Previous street address)

\_\_\_\_\_  
(Town, village or city name)                      (State)                      (Zip Code)

(check one)

I authorize the cancellation of my voting privileges at my previous address.

I am not registered to vote at my previous address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of new Wisconsin resident)

\_\_\_\_\_  
(Present Wisconsin address)

\_\_\_\_\_  
(Town, village or city name)

EL-139 (Rev. 2016-08)

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