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)