

# CECIL COUNTY BOARD OF ELECTIONS

RUIE MARIE LAVOIE  
DIRECTOR

LORA WALTERS  
DEPUTY DIRECTOR



## ELECTION BOARD

Brenda K. Ross, *President*  
James G. Crouse, *Vice President*  
Nancy R. Simpser, *Secretary*  
Diane M. Letts, *Member*  
Kelly M. Sengstock, *Member*

Cameron A. Brown, *Board Attorney*

## **AUTHORIZATION FOR CANCELLATION OF VOTER REGISTRATION**

I hereby authorize cancellation of my voter registration in Cecil County, Maryland.

Name as Registered: \_\_\_\_\_

Address as registered in Cecil County:

\_\_\_\_\_

House #	Street Name	City/State	Zip Code
---------	-------------	------------	----------

Date of Birth: \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature