

## Request for Voter Registration Withdrawal

I hereby request that my registration to vote in Park County,  
Montana be withdrawn.

Printed Name: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_

**OR**

Last 4 digits of your Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please mail to Clerk & Recorder, 414 E Callender St, Livingston MT 59047 or  
email to [elections@parkcounty.org](mailto:elections@parkcounty.org) Call 406-222-4110 with any questions.  
Thank you!