



## REQUEST TO REVERT TO NON-ABSENTEE VOTER

**To be used by voters who no longer wish to receive absentee ballots**

*Fields marked with an asterisk (\*) are required fields.*

Last Name*	First Name*	M.I.
Birth Date*	Phone Number (Optional)	
Residential Address*	City*	Zip*
Mailing Address (if different)	City & State	Zip

By signing below, I understand that I am officially requesting to be removed from the absentee ballot list and instead want to vote at my local polling place on election day for all polling place elections in which I am eligible to vote.

\_\_\_\_\_  
Signature of Elector\*

\_\_\_\_\_  
Date Signed\*