

# Champaign County Removal Request

Fill out all the fields marked with an asterisk (\*)

Voter ID: \_\_\_\_\_

Name\*

1

\_\_\_\_\_  
\*Last Name

\_\_\_\_\_  
\*First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

Contact Info\*

2

Email Address: \_\_\_\_\_

Phone number: (     ) \_\_\_\_\_

Identification\*

3

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
MM DD YYYY

Sign  
Here\*

8

By signing this form I am requesting my name be removed from the voter registration files in Champaign County, Illinois. I understand that I will be unable to vote in any election unless I re-register from my permanent address.

\_\_\_\_\_  
Sign Your Name or Place Your Mark Here

\_\_\_\_\_  
Date