

or by email to Voters@tax.hctx.net

or fax to: 713-368-2309

Request To Cancel Voter Registration

To the Harris County Voter I	Registrar:			
Please cancel my voter registration in Harris County, Texas.				
The following is the informa	tion printed on my voter re	egistration certificate:		
Name:		VUID / Voter ID Number (Optional):		
Address:	City:	State:	Zip Code:	
I understand that the follow identify my records to cance	_	ry for the Harris County V	oter Registrar to properly	
Date of birth (mm/dd/yyyy)	of birth (mm/dd/yyyy):Texas Driver's License or Personal I.D. (Optional):			
If no TDL or PID, the last 4 o	ligits of my Social Security	number, (Optional):		
I understand that cancellation process and does not disquare			ide me from the jury summons ence.	
Signature of voter canceling voter registration in Harris County or printed name of voter and relationship to the voter, if signed by a witness			Date	
Instructions for witness:				
If the person required to sign they must affix their mark to	_		physical disability or illiteracy,	
If the person cannot make t	heir mark, the witness sho	all check here		
Submit completed form by r	nail to:			
Ann Harris Bennett Harris County Tax Assessor- 1001 Preston Suite 200 Houston, Texas 77002	Collector and Voter Registr	ar		

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