

# Office of the General Registrar

General Registrar and  
Director of Elections

Constance L. Hargrove

## REQUEST TO CANCEL AN ABSENTEE BALLOT APPLICATION

TO: Chesterfield County Voter Registration and Elections

PO Box 1690, Chesterfield, VA 23832

EMAIL: registrar@chesterfield.gov

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Last Name	First Name	Middle Name	Suffix
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Current Address

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City	State	Zip
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SSN4 (last 4 digits)

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Email (optional)

Current Phone (optional)

Please accept this as my request to **cancel** the absentee ballot application (request) for the \_\_\_\_\_ Election.

Election Date

I understand that this will require me to vote in person for the \_\_\_\_\_

Election Date

Election and that my ballot will NOT be mailed as I originally requested.

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Voter Signature

Date



9848 Lori Road  
P. O. Box 1690  
Chesterfield, VA 23832

PHONE (804) 748-1471  
FAX (804) 751-0822  
EMAIL registrar@chesterfield.gov  
WEBSITE www.chesterfield.gov/registrar