

# ABSENTEE CANCELLATION

COMPLETE THIS FORM IF YOU WOULD LIKE TO WITHDRAW YOUR APPLICATION FOR ABSENTEE BALLOT

By signing below, I hereby acknowledge that:

\_\_\_\_ I am returning my mailed absentee ballot to the clerk and canceling my mail ballot and absentee status.

OR

\_\_\_\_ I have not received an absentee ballot by mail at the time of making this request. I hereby request that my mail ballot and absentee status be canceled.

Name of Absentee Voter  
being Canceled:

\_\_\_\_\_  
First, M., Last

Pulaski County Address Only:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Contact Telephone Number:

Date of Birth: \_\_\_\_\_  
MM/DD/YY

Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Any person who receives an absentee ballot according to the precinct voter registration list but who elects to vote by early voting or to vote at his or her polling site on election day may be required to cast a provisional ballot.**

TERRI HOLLINGSWORTH  
Pulaski Circuit/County Clerk  
Voter Registration Department  
P.O. Box 2659  
Little Rock, AR 72203-9444  
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