



County of **GREENE** State of Missouri

Request to be Removed as a Greene County Voter

I, the undersigned, do hereby verify that the following registered voter requests to be removed as a Greene County Voter:

Full Name: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Address on Last Voter Registration:

Voter ID # (if known): _____

Signature Required: _____ Date: _____

Please note: A signature from the voter is required for all updates to voter registration records.

Please print, complete and return this form:

- ✓ By mail or in-person at Greene County Clerk's Office,
940 N Boonville (Rm 113) Springfield, MO 65802
- ✓ By email to VoterRegistration@greencountymo.gov

OFFICE OF THE COUNTY CLERK
940 BOONVILLE AVENUE, ROOM 113
SPRINGFIELD, MO 65802
(417) 868-4055