Effingham County Board of Elections and Registration
284 Highway 119 South
Springfield, Georgia 31329

Voter Registration # _____

Voter's Name __ _____ Date of Birth _____

Voter's Address _____

City _____

ABSENTEE BALLOT CANCELLATION AFFIDAVIT

I, _____, hereby request Effingham County Board of Elections and Registration cancel the original absentee ballot issued per my request for the **Election Date: _____ Election Type: (Circle One) PPP, General Primary, General Primary Runoff, General Election, General Election Runoff**

I acknowledge that:
_____ I have not received the original ballot.
_____ The original ballot has been destroyed.
_____ I have returned the un-voted ballot to the Effingham County Board of Elections and Registration.
_____ I will surrender the voted/un-voted ballot to the Poll Manager at my designated polling place or absentee in-person polling location.

I also acknowledge that I will not attempt to vote the cancelled ballot once this affidavit has been executed.

I further request Effingham County Board of Elections and Registration to issue a new ballot for the above listed election, allowing me to vote in person at my designated polling place or absentee in person polling place.

_____ _____
Elector's Signature Date

The Poll Manager acknowledges contact has been made with the Effingham County Board of Elections and Registration office for notification of the ballot cancellation. (REQUIRED)

_____ _____
Poll Manager's Signature Date

For Office Use ONLY

Registration # _____ Precinct _____ Combo_____
Ballot # _____ Cancelled in VR subsystem by: _____