

Voter Removal Request Statement

Date Sent to Voter: N/A (Printed from SOE Website)

Mail completed statement to: Mark Andersen, Supervisor of Elections
830 West 11th Street, Panama City, FL 32401

Please Print

Name of Voter:

LAST NAME

FIRST NAME

Date of Birth: ____ / ____ / ____ **Phone Number of Voter:** (____) ____ - _____

Voter Registration Number:

Current address on file:

I am requesting to be removed from the Florida Voter Registration System.

IMPORTANT:

Without a valid signature, this written request will not be processed.

X _____

**Signature of Voter
(REQUIRED)**

____ / ____ / ____

Today's Date