



**REQUEST TO BE REMOVED**  
**FROM VOTER REGISTRATION ROLLS**

Florida Voter Registration ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Pursuant of Section 98.045(2a) of Florida Statutes, I request that my name be removed from the Florida registration rolls of Palm Beach County.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please return your completed form by mail, email, fax, or deliver to the Palm Beach County Supervisor of Elections:

Mailing Address

Palm Beach County Supervisor of Elections  
P.O. Box 22309  
West Palm Beach, FL 33416

Physical Address

4301 Cherry Rd.  
West Palm Beach, FL 33409

Email: [info@votepalmbeach.gov](mailto:info@votepalmbeach.gov)

Fax: (561) 656-6220