Logo

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**Supervisor of Elections**

**Duval County, Florida**

**REMOVAL OF VOTER’S NAME**

**Please remove my name from the voter rolls:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Voter Information** | | | |
| **Last Name** | **First Name** | **Middle Name** | **Suffix** |
| **\*Date of Birth** (MM/DD/YYYY) | **Florida Voter Registration System (FVRS) Number** (If Known) | | |
| **\*Last Four Digits of Voter’s Social Security Number** | **\*Voter’s Fla. Driver License # or Fla. Identification Card #** | | |
| **Duval County Address** | | | |
| **City** | | **Zip** | |

\*Required

**By signing this form, I give the Duval County Supervisor of Elections**

**consent to remove my name from the voter rolls.**

**Signature**

Voter’s Signature or Mark

***POWER OF ATTORNEY NOT ACCEPTABLE***

Date

**Mail, fax, or scan & email this completed and signed form to:**

Supervisor of Elections

105 East Monroe Street

Jacksonville, FL 32202

PHONE: (904) 255-3442

FAX: (904) 255-3434

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