



Alachua County Supervisor of Elections
Josiah T. Walls Building
515 N. Main Street, Suite 300
Gainesville, FL 32601-3448
352-374-5252

Request to be Removed from Voter Rolls

I, _____ request to be removed from the Alachua County voter registration rolls effective immediately, **per Florida Statutes 98.045**.

My date of birth is _____

My Alachua County residential address is/was _____

My voter registration number is _____ (if known)

I hereby authorize the cancellation of my registration by the Alachua County Supervisor of Elections Office. This letter shall serve as signed proof of my request.

Voter Signature and Date

Please mail completed form to:

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