

**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

c:\users\rturner\desktop\september 2017\removal of voters name.docx REV 2/2017

PCarter@coj.net