



# 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	
_____	Date _____
Voter's Signature or Mark	
<i>POWER OF ATTORNEY NOT ACCEPTABLE</i>	

**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  
PCarter@coj.net