

## **Election Center**

981 NE 16<sup>th</sup> ST • Ocala, FL 34470

- M PO Box 289 Ocala, FL 34478-0289
- 352-620-3290
- **F** 352-620-3286
- **W** www.VoteMarion.Gov

## Request to be Removed from Voter Rolls

| I                              | requ  | uest to be removed from the           |
|--------------------------------|---|---------------------------------------|
| Marion County voter regist     | ration rolls effective immediately  | , per Florida Statutes 98.045.        |
|                                | My date of birth is   |                                       |
| My Marion County residen       | tial address is/was   |                                       |
| My voter regi                  | stration number is  | (if known)                            |
|                                | ellation of my registration by the e as signed proof of my request.   | Marion County Supervisor of Elections |
|                                |   | Voter Signature and Date              |
| Please mail completed form to: | Wesley Wilcox, Supervisor of Elections<br>Marion County Election Center<br>PO Box 289<br>Ocala, FL 34478-0289 | 5                                     |
| ELECTION CEN                   | TER USE ONLY  |                                       |
| Registration #                 |   |                                       |
| Deputy Supervisor              |   |                                       |