

Removal of Voter's Name from Registration Records

Sec. 98.045(2){a}F.S.

(Date)

TO: SUPERVISOR OF ELECTIONS
OKEECHOBEE COUNTY
OKEECHOBEE, FLORIDA

Pursuant to the Laws of the State of Florida, I, _____,
(Print Name)

a voter registered in Okeechobee County, do hereby request that my name be removed
from the voter registration list of Okeechobee County.

(Signature)

(Date of Birth)

(Daytime Phone Number)

Please mail or hand deliver completed form to:

Diane Hagan
Supervisor of Elections
Okeechobee County, Florida
304 NW 2nd Street, Room 144
Okeechobee, FL 34972