



Request to be Removed from Voter Rolls

I _____ request to be removed from the Putnam County voter
(print name)
registration rolls effective immediately, per Florida Statutes 98.045.

My date of birth is _____

My residential address is _____

My phone number is _____

My voter registration number is _____ (if known)

(Optional) Reason for removal _____

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

(Voter Signature and Date)

Please mail completed form to:
Putnam County Supervisor of Elections
2509 Crill Ave, Suite 900
Palatka FL 32177

Elections Office Use Only

Registration # _____

Deputy Supervisor _____