



Robert D. Bender
ESCAMBIA COUNTY
SUPERVISOR OF ELECTIONS

Post Office Box 12601
Pensacola, FL 32591-2601
EscambiaVotes.gov

Phone: (850) 595-3900
Fax: (850) 595-3914
soe@escambivotes.gov

REQUEST FOR REMOVAL FROM THE FLORIDA VOTER REGISTRATION SYSTEM

Voter Registration Number: _____

Name: _____

Date of Birth: _____

Address: _____

Pursuant to Florida Statute 98.045(2a), I request that my name be removed from the voter rolls in Escambia County, Florida.

Signature _____

Date _____

Mail completed and SIGNED form to:

Robert D. Bender
Escambia County Supervisor of Elections
PO BOX 12601
Pensacola, FL 32591-2601

You may also fax the completed form to 850-595-3914 or email it to soe@EscambiaVotes.gov

Important: Without a valid signature, this written request will not be processed.