



# Supervisor of Elections Sarasota 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)		
Sarasota County Address			
City		Zip	

By signing this form, I give the Sarasota 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  
PO Box 4194  
Sarasota, Florida 34230-4194

PHONE: (941) 861-8619

FAX: (941) 861-8629

[voterservices@sarasotavotes.gov](mailto:voterservices@sarasotavotes.gov)