

Tommy Doyle

Supervisor of Elections (239) LEE-VOTE (533-8683) WWW.LEE.VOTE

FLORIDA VOTER REGISTRATION CANCELLATION FORM

Instructions for the Voter

Please complete this form to cancel your Florida voter registration.

Deliver this form in-person to one of our offices listed below, or send it to our mailing address.

Print Voter's Name: First:	Last:
Required	
Date of Birth or Florida Voter Identification #: Required	
Address at which you are registered to vote in Fl	orida:
Street Address:	
City:	Zip Code:
Pursuant to Section	98.045(2a) of Florida Statutes,
I request that my name be remov	ved from Lee County voter registration rolls.
Your signature on this form is required before the S	Supervisor of Elections can cancel your Florida voter registration.
Voter's Signature: X	Date Signed:
Required	

Office Locations

Main Office Melvin Morgan Constitutional Complex 2480 Thompson St., 3 rd Floor Fort Myers FL 33901	Bonita Springs 25987 S. Tami Bonita Sprin	ami Tr., # 105	Cape Coral Branch Office 1039 S E 9th Ave. Cape Coral FL 33990
Elections Center South Branch Office		Mailing Address	
13180 S. Cleveland Ave.		PO Box 2545	
Fort Myers FL 33907		Fort Myers FL 33902-2545	