

ELECTOR'S REQUEST TO REMOVE NAME FROM VOTER REGISTRATION FILE

(Date)

Osceola County
Supervisor of Elections
2509 E. Irlo Bronson Memorial Highway
Kissimmee, Florida 34744

I, _____ an Elector registered in Precinct No. _____ of
Osceola County, do hereby request that my name be removed from the Registration Books of
said County.

DATE OF BIRTH _____ VOTER ID NUMBER _____

(Signature of Elector)

(Do Not Write Below This Line)

This is to certify that the name of the aforesaid elector has been removed from the registration
books of said County, as requested.

(Supervisor of Elections)

Or

(Deputy)

20 _____

SOLICITUD DEL ELECTOR PARA REMOVER NOMBRE DEL EXPEDIENTE DE INSCRIPCIÓN ELECTORAL

(Fecha)

Osceola County
Supervisor of Elections
2509 E. Irlo Bronson Memorial Highway
Kissimmee, Florida 34744

Yo, _____ un Elector inscrito en el Precinto No. _____ del Condado Osceola, por la siguiente solicito que mi nombre sea removido de los Expedientes de Inscripción Electoral del Condado antes mencionado.

FECHA DE NACIMIENTO _____ NÚMERO DE ID ELECTORAL _____

(Firma del Elector)

(Do Not Write Below This Line)

This is to certify that the name of the aforesaid elector has been removed from the registration books of said County, as requested.

(Supervisor of Elections)

Or

(Deputy)

20 _____