

REMOVE BY REQUEST

This letter is to notify your office that:

I, _____, am requesting the following action be taken:
Voter's Name

- Please remove my name from the voter registration records of Hernando County.

Voter Registration # or Date of Birth

Voter Signature

Date

Return this form to:

Shirley Anderson
Hernando County Supervisor of Elections
20 N. Main St., Rm. 165
Brooksville, FL 34601

Phone: (352) 754-4125

Fax: (352) 754-4425