

# 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