



Joe Scott, Supervisor of Elections
4650 N.W. 21st Avenue
Fort Lauderdale, FL 33309
(954) 357-8683 • www.browardvotes.gov

**CANCELLATION REQUEST FORM
(Florida Statute 98.045)**

Pursuant to Florida law, “once a voter is registered, the name of that voter may not be removed from the statewide voter registration system, except at the written request of the voter, by reason of the voter’s conviction of a felony or adjudication as mentally incapacitated with respect to voting, by death of the voter, or pursuant to a registration list maintenance activity conducted pursuant to s. 98.065 or s. 98.075.”

Please print and complete this document with your information.
You may return this document to our office via:

Mail: 4650 N.W. 21st Avenue, Fort Lauderdale, FL 33309
Fax: 954-357-7070
Email: registration@browardvotes.gov

I hereby request to have my name removed as an active voter in Broward County, Florida.

Voter’s Date of Birth: _____

Voter’s Printed Name as Registered: _____

Florida Driver License Number (FL DL) or Florida ID Card Number (FL ID):

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If you have not been issued FL DL or FL ID card number, then provide the last 4 of the Social Security Number:

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Voter’s Signature

Date of Request