Melissa R. Blazier
Supervisor of Elections

FLORIDA VOTER REGISTRATION CANCELLATION FORM

Instructions for the Voter

Please complete this form to cancel your Florida voter registration. This completed signed form may be hand-delivered or mailed to our office: 3750 Enterprise Avenue, Naples FL 34104. This form can also be returned via email at VoterServices@CollierVotes.gov.

Print Voter's FULL Name: _____
Required First Middle Last

Date of Birth OR Florida Voter Identification Number: _____
Required

Address at Which you are Registered to Vote in Florida:

Street Address: _____

City: _____ **Zip Code:** _____

Pursuant to Section 98.045(2a) of Florida Statutes, I request that my name be removed from Collier County voter registration rolls.

Your signature on this form is required before the Supervisor of Elections can cancel your Florida voter registration.

Voter's Signature: X_____ **Date Signed:** _____
Required