



Joe Scott, Supervisor of Elections
115 S. Andrews Ave, Rm. 102
Fort Lauderdale, FL 33301
(954) 357-VOTE • www.browardvotes.gov

CANCELLATION REQUEST FORM
Florida Statute 98.045(2)

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: 115 S. Andrews Avenue, Room 102, Fort Lauderdale, FL 33301
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 Printed Name as Registered: _____

Voter’s Date of Birth: _____

Voter’s Signature

Date of Request