



REMOVAL OF NAME FROM THE VOTER REGISTRATION ROLLS

Name: _____

Address: _____

Voter Registration Number *(if known)*: _____

Date of Birth: _____

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

Signature: _____

Date: _____





Craig Latimer
Supervisor of Elections

Our Vision: To be the best place in America to vote

GOVERNOR'S STERLING
AWARD RECIPIENT

ELIMINACIÓN DEL REGISTRO DE VOTANTES INSCRIPTOS

Nombre: _____

Domicilio: _____

Número de Inscripción Electoral (si se conoce): _____

Fecha de Nacimiento: _____

De conformidad con la Sección 98.045(2)(a) de los Estatutos de Florida, solicito que se elimine mi nombre del registro de votantes inscriptos del Condado de Hillsborough.

Firma: _____

Fecha: _____

VoteHillsborough.gov



(813) 744 - 5900

Fred B. Karl County Center
601 E. Kennedy Blvd., 16th Floor, Tampa, FL 33602

Robert L. Gilder Elections Service Center
2514 N. Falkenburg Rd., Tampa, FL 33619

See website for regional office locations.