



Sharon Chason
Calhoun County Supervisor of Elections



Request to be Removed from Voter Rolls

I _____ request to be removed from the Calhoun County voter registration rolls effective immediately, per Florida Statutes 98.045.

Date of Birth _____

Calhoun County residential address is/was _____

My voter registration number is _____ (if known)

I hereby authorize the cancellation of my registration by the Calhoun County Supervisor of Elections Office. This letter shall serve as signed proof of my request.

 Voter Signature

 Date Signed

Please mail completed form to: Sharon Chason, Supervisor of Elections
 20859 Central Avenue East, Rm 117
 Blountstown, FL 32424



- ★ 20859 Central Avenue East, Rm 117
Blountstown, FL 32424
- ★ Phone (850) 674-8568
- ★ E-mail soe@votecalhounfl.gov
- ★ Web Site: www.votecalhounfl.gov