

ELECTOR'S REQUEST FOR DISQUALIFICATION

(To remove name from Registration Records)
[98.045(2)(a) F.S.]

SUPERVISOR OF ELECTIONS COUNTY OF MARTIN STATE OF FLORIDA

Pursuant to the laws of the State of Florida, I, _____, an
PRINT Voter Name
elector registered in the County of Martin, in the State of Florida, do hereby request that
my name be removed from the Registration Books of said Municipality, County and State
effective immediately.

My date of birth is: _____

My Personal Identification Number*:

*Full Florida Driver's License number or full Florida issued Identification Card number or last four digits of my Social Security number.

Signature of Voter

Date

Phone Number



Return completed form to Martin County Supervisor of Elections:

Mail to: PO Box 1257, Stuart, FL 34995

Deliver to: 135 SE Martin Luther King Jr. Blvd, Stuart, FL 34994

Fax to: 772-288-5765

Email to: Reply to sender or Electronics@martinvotes.gov