# CANCELLATION OF REGISTRATION FORM
# Leon County Supervisor of Elections Office
# Leon County, Florida, USA

Use this form if you no longer wish to remain a registered voter in the State of Florida.

Instructions: Print this form, fill in the required information, and mail it to our office at:

**Leon County Supervisor of Elections**
**P. O. Box 7357**
**Tallahassee, FL 32314-7357**

**or hand deliver to:**

**Leon County Supervisor of Elections**
**315 S. Calhoun Street, 1st Floor**
**Tallahassee, FL 32301**

Name: _____

Today's Date: _____ Daytime Phone: _____

Voter Registration #: _____ Date of Birth: _____

**Please remove my name from the voter registration rolls in the State of Florida.**

Signature of voter: _____