



*Starlet E. Cannon*

DIXIE COUNTY

P.O. BOX 2057  
CROSS CITY, FLORIDA 32628-2057  
(352) 498-1216

**Supervisor of Elections**



**Request to be removed from Voter Rolls  
(F.S. 98.045)**

I, \_\_\_\_\_ request to be removed from the Dixie  
County voter registration database effective immediately, per the above Florida Statutes.

My date of birth is \_\_\_\_\_

My residential address is \_\_\_\_\_  
\_\_\_\_\_

My Voter registration number is \_\_\_\_\_

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

\_\_\_\_\_  
Voter Signature

\_\_\_\_\_  
Date

Please mail completed form to: Starlet Cannon, Supervisor of Elections  
P.O. Box 2057  
Cross City, Fl. 32628

**OFFICE USE ONLY**

This is to certify that the name of the foresaid elector has been removed from the registration books of said  
county, as requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date