



**NINA WARD**  
**SUPERVISOR OF ELECTIONS**  
Bay County, Florida



(850) 784-6100



registration@bayvotesfl.gov



www.bayvotesfl.gov



830 W. 11th Street, Panama  
City, FL 32401

*Solicite recursos en español llamando al 1-833-966-0112.*

### **Voter Removal Request Statement**

Mail completed statement to: Nina Ward, Supervisor of Elections  
830 West 11th Street, Panama City, FL 32401

**Please Print**

**Name of Voter:**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Phone Number of Voter:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Voter Registration Number:**

**Florida Driver's License #:** \_\_\_\_\_ **or Last 4 SSN:** \_\_\_\_\_

**Current address on file:**

I am requesting to be removed from the Florida Voter Registration System.

**IMPORTANT:**

**Without a valid signature, this written request will not be processed.**

X \_\_\_\_\_

**Signature of Voter**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**