



FLORIDA VOTER REGISTRATION CANCELLATION FORM

Instructions for the Voter

*Please complete this form to cancel your Florida voter registration.
This completed signed form may be hand-delivered or mailed to our office: 3750 Enterprise Avenue,
Naples FL 34104. This form can also be returned via email at VoterServices@CollierVotes.gov.*

Print Voter's FULL Name: _____
Required First Middle Last

Date of Birth OR Florida Voter Identification Number: _____
Required

Address at Which you are Registered to Vote in Florida:

Street Address: _____

City: _____ Zip Code: _____

*Pursuant to Section 98.045(2a) of Florida Statutes,
I request that my name be removed from Collier County voter registration rolls.*

Your signature on this form is required before the Supervisor of Elections can cancel your Florida voter registration.

Voter's Signature: **X** _____ Date Signed: _____
Required