



ELECTOR'S REQUEST FOR REMOVAL
(Section 98.045(2), Florida Statutes)

STATE OF FLORIDA
COUNTY OF PASCO

TO: Brian E. Corley, Supervisor of Elections

FROM: _____
(Name of Elector)

This is to request that my name be removed from the Pasco County Voter Registration Rolls.

My identification number is _____. My date of birth is _____.

My reason for requesting disqualification is _____
(optional)

Signature of Elector