



Cancellation of Registration Form

Instructions: Please complete this form to cancel your Florida voter registration. This form may be hand-delivered or mailed to any of the four administrative offices listed below.

Full Name (Please Print): _____
(First Name) (M.I.) (Last Name)

Date of Birth or Voter Registration #: _____

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

Signature: _____ **Date Signed:** _____

Supervisor of Elections

400 South Street 1F
Titusville, FL 32781-1119
Telephone 321-264-6740

Supervisor of Elections

2725 Judge Fran Jamieson Way
Building C, Level 1
Post Office Box 410819
Melbourne, FL 32941-0819
Telephone 321-633-2124

Supervisor of Elections

1515 Sarno Road
Melbourne, FL 32935
Telephone 321-255-4455

Supervisor of Elections

450 Cogan Drive, SE
Palm Bay, FL 32909
Telephone 321-952-6328