



## 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 32780-7610  
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