ELECTOR'S REQUEST FOR DISQUALIFICATION

TO: SUPERVISOR OF ELECTIONS
      LAKE COUNTY, FLORIDA
      P.O. DRAWER 457
      TAVARES FL 32778

PURSUANT TO THE LAWS OF THE STATE OF

FLORIDA, I,_____, AN ELECTOR

REGISTERED IN PRECINCT # _____OF LAKE

COUNTY, DO HEREBY REQUEST THAT MY NAME

BE REMOVED FROM THE REGISTRATION BOOKS

OF LAKE COUNTY.

_____   ____/___/_____
(signature of elector)   (birthdate)

_____
(street)   (city)   (st)

____/_____/_____
(date)

This is to certify that the name of the aforesaid elector has been removed from the registration books of Lake County, as requested.

_____
Supervisor/Deputy Supervisor of Elections

____/_____/_____
(date)