



REQUEST FOR REMOVAL FORM

Pursuant to TCA 2-2-106, I _____ am

Print Name As Registered to Vote

requesting that the Wilson County Election Commission remove me from the voter rolls.

X _____

Signature or mark of Voter

Date of Birth

Date

If the voter is unable to make a mark, 2 individuals can attest to this being true. Please sign below.

X _____

Witness

Date

X _____

Witness

Date

This fully completed form may be mailed, hand delivered or scanned and emailed as an attachment to the Wilson County Election Commission. Our email is info@wilsontnvotes.gov



Wilson County Election Commission
230 E Gay Street
Lebanon, TN 37087
615-444-0216