



## 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](mailto:info@wilsontnvotes.gov)



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