

STATE OF FLORIDA
VOTE BY MAIL BALLOT
Request Form

To:

Supervisor of Elections

County:	
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Full name and residence address:

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Mailing address if other than residence

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Voter Registration Number <i>(if available)</i> or Date of Birth:	
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Local Telephone Number: <i>(Necessary for the Elections Supervisor to call you if there are any problems with your request)</i>	
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Other Telephone Number:	
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Email Address: <i>(to enable a quick acknowledgement of request)</i>	
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I request a Vote-by-Mail Ballot for ALL Elections through the end of the calendar year of the second regularly scheduled General Election in which I am eligible to vote.

Date: _____

Signature: _____