

VOTE BY MAIL - BALLOT REQUEST FORM Ballots are NOT forwardable.

_____/_____
Deputy Initials & Date Entered

A request for a vote by mail ballot to be mailed must be received no later than 5:00 p.m. on the 6th day before the election. (F.S. 101.62)

ELECTIONS: Thru Two General Election Cycles General Primary Municipal Presidential Preference Primary Other: _____

VOTER REGISTRATION # LAST NAME FIRST NAME M.I. DATE OF BIRTH

LOCAL TELEPHONE NUMBER OTHER TELEPHONE NUMBER EMAIL ADDRESS

VOTER'S RESIDENTIAL ADDRESS CITY STATE ZIP CODE

***MAILING ADDRESS:** *(Address where ballot is being mailed)* CITY STATE ZIP CODE

***REQUESTER'S SIGNATURE:** _____ **DATE:** _____ / _____ / _____

****If the ballot is requested to be mailed to an address other than the voter's address on file in the Florida Voter Registration System, the request must be made in writing and SIGNED BY THE VOTER (F.S. 101.62)***

REQUESTED BY: SELF SPOUSE PARENT CHILD GRANDPARENT SIBLING

REQUESTER'S: LAST NAME FIRST NAME REQUESTER'S DRIVER'S LICENSE NUMBER *(If Available)*

REQUESTER'S: ADDRESS CITY STATE ZIP CODE

FROM: _____



PLACE
STAMP
HERE



SUSAN BUCHER
PALM BEACH COUNTY
SUPERVISOR OF ELECTIONS
PO BOX 22309
WEST PALM BEACH FL 33416-2309