



Wendy Sartory Link

Palm Beach County Supervisor of Elections

REQUEST FORM FOR VOTE-BY-MAIL DATA

Name of the Person Requesting Data: _____ Phone #: _____

Candidate or Political Committee Name (If Applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

You must enter an email address below to receive your email confirmation and file instructions.

Absentee voter information for the _____ Election.

All Democrat Republican No Party Other _____

Absentee ballot request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except to the following persons or entities who may obtain and use it for political purposes only:

(1) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence); (2) Canvassing board; (3) Election official; (4) Political party or official thereof; (5) Candidate who has filed qualification papers and is opposed in an upcoming Election; and, (6) Registered political committees.

Signature: _____ Date: _____

(Electronic signatures will not be accepted)

Mail completed form to:
Supervisor of Elections
ATTN: Candidate Services
P.O. Box 22309
West Palm Beach, FL 33416

OR Scan and return by email to:
candidates@pbcelections.org

OR Fax to:
(561) 656-6220
Attn: Candidate Services



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ABSENTEE BALLOT INFORMATION REQUESTS CERTIFICATION

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For access to absentee ballot request information from the Supervisors of Elections, check the applicable authorization category and submit this completed form.

- Canvassing Board
- Registered Political Committee
- An Election Official
- A Political Party or Official Thereof
- A candidate who has filed qualification papers and is opposed in an upcoming election

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire absentee ballot request information.

I also designate the following person acting on my behalf to receive and use this information.

Signature: _____ Date: _____
Signature of Person Requesting Information (Electronic signatures will not be accepted).

Name: _____

Title/Officer: _____

Address: _____
(Street Address, City, State, Zip)

Phone #: _____

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