

ABSENTEE BALLOT REQUEST FORM

_____/_____/_____
Deputy Initials & Date Entered

Absentee Ballots are not Forwardable.

A Request for an Absentee 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)

****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)**

ELECTIONS:

- ALL AS PERMITTED PRESIDENTIAL PREFERENCE PRIMARY PRIMARY ELECTION
 GENERAL ELECTION MUNICIPAL ELECTION _____ OTHER _____

I am currently: Active Military Civilian Overseas

| | | | | |
|------------------------|------------------------|------------|----------------------|------------------|
| VOTER REGISTRATION # | VOTER'S LAST NAME | FIRST NAME | MIDDLE NAME/ INITIAL | DATE OF BIRTH |
| (____) _____ | (____) _____ | _____ | _____ | _____ |
| LOCAL TELEPHONE NUMBER | OTHER TELEPHONE NUMBER | | | EMAIL (OPTIONAL) |

| | | | |
|-------------------|------|-------|----------|
| RESIDENCE ADDRESS | CITY | STATE | ZIP CODE |
|-------------------|------|-------|----------|

| | | | |
|-------------------|------|-------|----------|
| **MAILING ADDRESS | CITY | STATE | ZIP CODE |
|-------------------|------|-------|----------|

| | | |
|-----------------------|------------|--|
| REQUESTER'S LAST NAME | FIRST NAME | REQUESTER'S DRIVER'S LICENSE NUMBER <i>(If Available)</i> |
|-----------------------|------------|--|

RELATIONSHIP: SELF SPOUSE PARENT CHILD GRANDPARENT SIBLING

****SIGNATURE:** _____ **DATE:** _____