



**Vote
Jackson**

Sylvia D. Stephens
SUPERVISOR OF ELECTIONS

JACKSON COUNTY VOTE-BY-MAIL BALLOT FORM

2851 Jefferson Street
Marianna FL 32447

850-482-9652
jacksoncountysoe.org

ONLY THE VOTER OR A MEMBER OF THE IMMEDIATE FAMILY OR THE LEGAL GUARDIAN CAN REQUEST A VOTE-BY-MAIL BALLOT.

REQUIRED VOTER INFORMATION

(Please print)

Florida law requires all of the information listed in this box.

Last Name First Name MI Suffix

Legal Residence Address (no P.O. Boxes) Apt/Lot/Unit City State Zip

Date of Birth: _____

REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN

In addition to the information required above, Florida law requires all of the information in this box if an immediate family member or legal guardian has been directed (designated) by the voter to request or cancel a vote-by-mail ballot.

Last Name of Requestor First Name MI

Address of Requestor (no P.O. Boxes) City State Zip

Driver's License # (if available) _____

Requestor's Relationship to Voter _____

A voter may track the status of their vote-by-mail ballot online at status.dropbox.vote

BALLOT REQUEST

I want vote-by-mail (absentee) ballots for these elections only: _____.

I want vote-by-mail (absentee) ballots for **all elections** that I'm eligible **through December 31, 2022**

Mail Ballot to (if different from residence address - if overseas, inquire about emailing ballots):

Address Apt/Lot/Unit

City State Zip

NOTE: If a voter is temporarily outside this county and has no current residence address in the county, contact us at 352-374-5252 for instructions. {FL St. §101.045(1)}

X _____ Date _____

Your signature is required.

Requests for ballots to be mailed must be received not later than 5:00pm ten days before the election.

To update your signature on file, submit a new voter registration form available from our office or on our website.

Telephone Number _____ Email: _____

Providing this contact information makes it possible for us to contact you if we have questions.

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