

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](https://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.