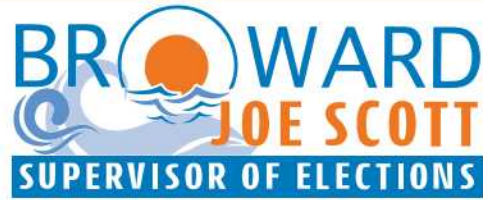


# VOTE-BY-MAIL BALLOT REQUEST



Do you want us to contact you with important information that could impact your vote?  
Provide your email and/or mobile number so we can stay in touch.

Visit [BrowardVotes.gov](http://BrowardVotes.gov) to:



Request a  
Vote-by-Mail Ballot after  
every General Election



Find your  
voting location



Update your address and  
contact information any  
time something changes



Become a  
Poll Worker



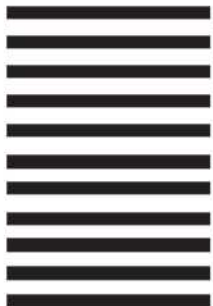
@BROWARDVOTES



Broward County Supervisor of Elections  
P O BOX 29001  
Fort Lauderdale FL 33303-9928

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL  
FIRST-CLASS MAIL PERMIT NO. 643 FORT LAUDERDALE FL



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



# Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.  
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

**Voter's Name:** \_\_\_\_\_ **Voter's Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL  
DL or FL  
ID, then  
provide

last 4 digits of Social Security Number:

**Voter's Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Voter's mailing  
address for ballot:**

\_\_\_\_\_ **City:** \_\_\_\_\_

(only if different than  
home address)

**State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **Country, if outside US:** \_\_\_\_\_

Please update my  residential address and/or my  mailing address in my voter record with the information listed above.

Phone number (optional): \_\_\_\_\_ Email address (optional): \_\_\_\_\_

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: \_\_\_\_\_

**Voter's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

**Designee's Name:** \_\_\_\_\_

**Designee's Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

Designee's driver license or identification card number:

If no  
DL or  
ID, then  
provide

last 4 digits of Social Security Number:

Phone number (optional): \_\_\_\_\_ Email address (optional): \_\_\_\_\_

**Designee's relationship to the voter:**

Spouse

Grandparent

Parent of voter's spouse

Child of voter's spouse

Sibling of voter's spouse

Voter's legal guardian

Parent

Grandchild

Grandparent of voter's spouse

Designee for a voter with a disability

Child

Sibling

Grandchild of voter's spouse

**Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The voter directly instructed me to make this request for them.

DO NOT REMOVE - SEAL WHEN MAILING BACK

DO NOT REMOVE - SEAL WHEN MAILING BACK