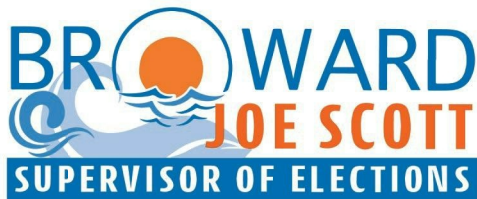


VOTE-BY-MAIL BALLOT REQUEST



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** 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



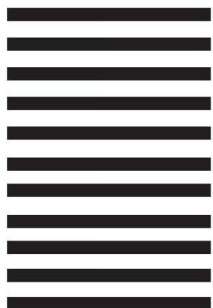
@BrowardVotes



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:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ **Date:** ____ / ____ / ____
The voter directly instructed me to make this request for them.

DS-DE 160 (eff. 04/2024)

Rule 1S-2.055, F.A.C.

If you have a qualifying disability under the Americans with Disabilities Act and would like to use our accessible remote ballot marking system, add your email address here: _____

DO NOT REMOVE - SEAL WHEN MAILING BACK

DO NOT REMOVE - SEAL WHEN MAILING BACK