



Joe Scott, Supervisor of Elections  
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(954) 357-VOTE • BrowardVotes.gov

## **VOTE-BY-MAIL DATA REQUEST FORM**

### **Authorization Categories**

For electronic access to the Vote-By-Mail database, check the applicable authorization category that applies:

Canvassing Board Member

Election Official

Political Party or official thereof

A candidate who has filed qualification papers and is opposed in an upcoming election

Registered Political Committee

### **Requester Information**

Full Name:

Committee/Party Name:

Address:

City, State Zip Code:

Email Address:

Phone Number:

### **Election Requested:**

**Indicate if information is needed for Countywide or a Specific District:**

**Specify Party Affiliation(s):**

### **Affirmation**

By signing, I affirm that I am a person authorized by [Florida Statute Section 101.62\(3\)](#), to acquire Vote-By-Mail ballot request information.

**Signature:**

**Date:**