

REQUEST FOR ABSENTEE BALLOT

Per Section 101.62, Florida Statutes, I am requesting an absentee ballot for all elections through the next two regularly scheduled general elections.

Name (printed): _____

Date of Birth: ____/____/____

Daytime Phone Number (optional): _____

Residence Address:

Mailing Address (if different):

VOTER SIGNATURE

DATE

ATTENTION: All information must be completed. Your absentee ballot request form will not be processed if incomplete.

Note: This form is only a request for an absentee ballot. After your Supervisor of Elections receives and processes this form, your absentee ballot will be mailed to you. You must return the completed absentee ballot to the Supervisor of Elections.

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