

PLEASE PRINT AND COMPLETE
ALL REQUIRED INFORMATION.



VOTE-BY-MAIL BALLOT REQUEST

<hr/> <p style="text-align: center;">Date</p>	<hr/> <p style="text-align: center;">Date of Birth (required) (mm/dd/yy)</p>	
<hr/> <p style="text-align: center;">Voter's Full Name (required)</p>	<hr/> <p style="text-align: center;">Telephone Number (optional)</p>	
<hr/> <p style="text-align: center;">FL Drivers License/ FL State ID Number</p>	OR	<hr/> <p style="text-align: center;">XXX-XX-</p>
		<hr/> <p style="text-align: center;">Last 4 of Social Security</p>
<hr/> <p style="text-align: center;">Voter's Email (optional)</p>		<hr/> <p style="text-align: center;">Voter Registration Number (optional)</p>

Current Okaloosa County Residence Address

Check if this is a change of your residential address.

NOTICE: The U.S. Post Office will not forward vote-by-mail ballots to a different address. Pursuant to Florida State Law, if any first class mail addressed to you is returned as undeliverable to our office, the request for ballots will be cancelled until a new address is provided. It is up to you to keep your record updated if you are not located at your listed address during elections.

Address to send ballot if different from residence:

I am requesting vote-by-mail ballots for all elections through the end of the calendar year of the second regularly scheduled general election, in which I am eligible to vote.

I am requesting a vote-by-mail ballot for the following election date(s):

Oath: I do solemnly swear (or affirm) that all information on this form is true.

<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Date</p>
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Note: All vote-by-mail ballot requests must be signed by the voter and received by the Supervisor of Elections **no later than 5:00 p.m. on the 10th calendar day prior to the election.**

Okaloosa County Supervisor of Elections
302 Wilson Street N., Ste 102
Crestview, FL 32536
(850)689-5600/(850)651-7272

If you are applying on behalf of an immediate family member or person for whom you serve as legal guardian, please complete the following:

Your name: _____	Relationship to voter: _____
Your address: _____	Your FL driver's license number (if available): _____