VOTE-BY-MAIL BALLOT REQUEST FOR CALHOUN COUNTY ELECTIONS

ONLY THE VOTER OR A MEMBER OF THE IMMEDIATE FAMILY OR THE LEGAL GUARDIAN CAN REQUEST A VBM BALLOT

****VOTER REQUEST – Florida law requires all of the information listed in this box if the voter is making a request for a Vote-By-Mail ballot (Please Print)****

Last Name | First Name | MI | Suffix

Calhoun County Mailing Address | City | State | Zip

Date of Birth

Is this a change of Address ____Yes ____No

MAILING ADDRESS NOTICE: Vote-By-Mail ballots must be mailed to the current mailing address on file with the Florida Voter Registration System; if the ballot is requested to be mailed to an address other than the voters address on file with the Florida Voter Registration System, the request must be in writing and signed by the voter. However, this does not apply to Uniform Service Voters or Overseas Voters.

BALLOT REQUEST:

- ☐ All Elections
- ☐ Primary Election
- ☐ General Election
- ☐ Presidential Pref. Primary
- ☐ Special Election
- ☐ State Write-in Ballot (Overseas Only) He/she is unable to vote during normal voting periods. 101.695 F.S
- ☐ Federal Ballot Only (Moved out of state after books close) 101.663 F.S.

VOTER ABSENTEE STATUS:

- ☐ Civilian Overseas
- ☐ Military/Dependent Stateside
- ☐ Military/Dependent Overseas
- ☐ Other

Vote-By-Mail Mailing Address

City | State | Zip

Signature of Voter

Date

****REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN – In addition to the information above in the Voter Request box, Florida law requires all of the information in this box if an immediate family or legal guardian has been designated by the voter to request a Vote-By-Mail ballot.****

Last Name of Requestor | First Name | MI | Suffix

Mailing Address of Requestor | City | State | Zip

Driver License #

Relationship to Voter

Signature of Requestor

Date

11313 REV 05/04/18