High Springs Special Election

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	da identification (FL ID) card number:	If no FL last 4 digits of Social Security Number:
]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]	DL or FL ID, then provide
Voter's Home Address:		
City:	State:	Zip code:
Voter's mailing address for ballot:		City:
(only if different than home address)	Zip code: Country, if ou	utside US:
Please update my residential addre	ess 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 thr	ough the end of the calendar year of the r	next general election. If you only want a ballot for
pecific elections, list them here		
Voter's Signature: (not required if voter is an absent	uniformed services voter or overseas vot	Date: / / / ter, or if request is made by a designee)
	ection below if you are requesting a Vo	
		Zip code:
Designee's driver license or identification card	number:	If no last 4 digits of Social Security Number: DL or ID, then provide
Phone number (optional):	Email address (optional):	
		☐ Sibling of votor's angues
Designee's relationship to the voter	: ☐ Parent of voter's spouse ☐ Child of voter's spouse	□ Sibling of voter's spouse □ Voter's legal guardian
☐ Spouse ☐ Grandparent ☐ Parent ☐ Grandchild ☐ Child ☐ Sibling	☐ Grandparent of voter's spouse ☐ Grandchild of voter's spouse	☐ Designee for a voter with a disability
☐ Parent ☐ Grandchild	☐ Grandparent of voter's spouse	
☐ Parent ☐ Grandchild	☐ Grandparent of voter's spouse	