

**TAYLOR COUNTY**  
**VOTE BY MAIL BALLOT REQUEST FORM**

**PLEASE PRINT, COMPLETE AND SEND TO:**

**DANA SOUTHERLAND**  
**SUPERVISOR OF ELECTIONS**  
**P O Box 1060**  
**Perry, Florida 32348**

This request is valid for only one (1) registered voter. This form may be duplicated, if needed. If you are a qualified registered voter, ballots will be mailed only for the elections indicated. Vote by Mail ballots are mailed approximately 30 days prior to each election to those voters who have requested a Vote by Mail ballot. **VOTE BY MAIL BALLOTS CANNOT BE FORWARDED.** If you will be away from your Taylor County address, please complete the "Mail ballot to" portion of this form with the address to which you want the ballot mailed. **REMEMBER, it is illegal to vote in a precinct in which you do not live.**

Presidential Preference Primary **MARCH 15, 2016**       Primary Election **AUGUST 30, 2016**       General Election **NOVEMBER 8, 2016**

(Election Dates are subject to Legislative Changes)

All Elections thru 2018

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

Is this an address change?  Yes  No

Mail ballot to:

\_\_\_\_\_  
Voter Name

\_\_\_\_\_  
Taylor County Residential Address

\_\_\_\_\_  
City, State, Zip

Voter's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

A signature must be provided by the person making the request

Voter's FVRS Identification No. \_\_\_\_\_

X \_\_\_\_\_

**REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN – FOR THE VOTER**

In addition to the information required in the voter request box, Florida law requires all of the information in this box if an immediate family member or legal guardian has been directed (designated) by the voter to request a Vote by Mail ballot. (Immediate Family means the designee's spouse or the parent, child, grandparent or sibling of the designee or of the designee's spouse.)

\_\_\_\_\_  
Name of Designee

\_\_\_\_\_  
Designee's Relationship to Voter

\_\_\_\_\_  
Address of Designee

\_\_\_\_\_  
Designee's Phone No.

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Designee's Signature

**Supervisor of Elections Official Office Use Only**

Voter's registration information verified \_\_\_\_\_

Request for Vote by Mail Ballot completed \_\_\_\_\_