

# 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  
850-838-3515**

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 40 days prior to each election to those voters who have requested a 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 17, 2020       General Election – November 3, 2020  
 Primary Election – August 18, 2020                       All Election thru 2022

**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)

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

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 is defined in the election laws as 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

Elections Office Use Only:                      Voter's FVRS Identification No. \_\_\_\_\_

Process by: \_\_\_\_\_ (initials)