

VOTE BY MAIL REQUEST FORM

Name: _____
(Please Print)

Email: _____ Phone: _____
(In case we need to notify you)

Required by law:

Date of Birth (MM/DD/YY) ____/____/____

FL DL#, FL ID#, **OR** Last 4 of Social Security # _____

Pasco residence address of record:

Address to which ballot is to be mailed:

(If not the same as above)

Check which election(s) you would like to vote by mail:

Presidential Preference Primary

Municipal

Primary

General

All elections eligible.....

VOTER'S SIGNATURE: _____ Date: _____

This form may be used as a new request for vote-by-mail ballots, or if you are requesting us to mail your ballot to an address other than your Pasco County address of record.

Florida Statutes 101.62(1)b requires that a vote-by-mail ballot request must be in writing if the voter wants the ballot mailed to a different address than the one that is on their voter registration record. The written request must include the voter's date of birth, address, and last four digits of SSN or the voter's Florida Driver License Number/Florida ID Number, and voter's signature.

- Print and sign this form and mail it to: Supervisor of Elections' Office, PO Box 300, Dade City, FL 33526.
- A signed written note that includes your name, residence address, date of birth, and your Florida driver's license number, Florida identification card number, or the last 4-digits of your social security number.
- For questions regarding this form or your vote-by-mail ballot, call 800-851-8754.
- After receiving your ballot, you can track its status at <https://pascovotes.ballottrax.net> .