VOTE BY MAIL BALLOT REQUEST FORM

THIS FORM MAY BE MAILED OR FAXED TO:

MICHAEL BENNETT, SUPERVISOR OF ELECTIONS
PO BOX 1000, BRADENTON FL 34206-1000
TELEPHONE: (941) 741-3823 FAX: (941) 741-3820

If you want your ballot mailed to an address other than your voter registration address, Florida law requires that you complete a written and signed request form. Vote By Mail Ballots CANNOT be Forwarded.

Notice: Information provided on this form is exempt from public disclosure except that it is available upon request to canvassing boards, election officials, political parties, political committees, committees of continuous existence and candidates facing opposition in an upcoming election. (s. 101.62(3), F.S.)

Select elections for which you are requesting a ballot:

_____ Presidential Preference Primary – March 15, 2016
_____ Primary Election – August 30, 2016
_____ General Election – November 8, 2016
_____ All elections through the next two (2) General Elections for which I am eligible to vote
_____ Other (please specify_____

_____
Name of Voter (Last / First / Middle)

_____
Date of Birth FL Driver's License # OR last 4 digits of SS# Daytime Telephone Number

_____ _____ _____ _____
Current Manatee County Residence Address City State Zip Code

_____ _____ _____ _____
Address Where Ballot Will Be Mailed (if different from above) City State Zip Code

_____ _____
Signature of Voter Date of Request

REQUESTOR'S INFORMATION:

Complete this portion ONLY if requesting the ballot for someone other than yourself

(Note: Only an immediate family member or legal guardian may request an absentee ballot on behalf of another):

_____
Last Name First Name Middle

_____
Date of Birth FL Driver's License # OR last 4 digits of SS# Daytime Telephone Number

_____ _____ _____ _____
Address City State Zip Code

_____
Relationship to Voter Date Signature of Requestor

Return completed signed form to the Supervisor of Elections' Office at the address or fax number listed above