

VOTE-BY-MAIL BALLOT REQUEST

Following information is required by law:



Name: _____
(Please Print)

Date of birth: (MM/DD/YY) ____ / ____ / ____

FL Driver License #, FL ID #, or Last 4 SS #: _____

Legal residence address:

Address ballot should be mailed to:

Signature: _____

Email: _____ } Optional
Phone: _____ }

NOTE: Ballots are mailed approximately 40 days prior to each election.

Fill in your choices:

2024

- Presidential Preference Primary. ☐
- Municipal. ☐
- Primary. ☐
- General. ☐
- All elections thru 2024 ☐

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 a vote-by-mail ballot request must be in writing if you want the ballot mailed to an address that is different than the address on your voter registration record. The written request must also include your signature, your Florida driver license number or your Florida identification card number, or the last four digits of your social security number.

- Print and sign this form and mail it to: Supervisor of Elections, PO BOX 450, Dade City, FL 33526.
- A signed written note may be substituted for this form if it includes your date of birth and your Florida driver license number, or your Florida identification card number, or the last four 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 the status at <https://pascovotes.ballottrax.net/voter/>.

Updated: 6/13/2023