

VOTE BY MAIL REQUEST

Name: _____
(Please Print)

email: _____ Phone: (____) _____
(in case we have to notify you)

Required by law:

Date of birth (MM/DD/YY) ____/____/____ **OR** Voter Identification # _____

Pasco Residence Address of Record:

Address ballot should be mailed to:

Check which election(s) we should use this mailing address for:

General.

All elections thru 2020 . . .

VOTER SIGN HERE: _____ 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.

Effective January 1, 2014, Florida law requires voters who request their absentee ballot be mailed to an address other than their address of record to make their request in writing which includes either their date of birth or their voter identification number and their signature.

F.S. 101.62(1)b. - ". . . if the ballot is requested to be mailed to an address other than the elector's address on file in the Florida Voter Registration System, the request must be made in writing and SIGNED BY THE ELECTOR."

- 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 date of birth or your voter identification number may be substituted for this form.
- 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 pascovotes.com.