



Brian E. Corley

Supervisor of Elections

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PASCO COUNTY VOTE-BY-MAIL BALLOT INFORMATION REQUEST FORM

Vote-by-Mail (VBM) request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except for the following person or entities who may obtain and use if for political purposes only:

1. Voter – entitled to access his/her own request information
2. Canvassing Board
3. Election Official
4. Political Party or official thereof
5. Candidate who has filed qualification papers and is opposed in an upcoming election
6. Registered Political Committees

Check the applicable box below for access to the VBM request information for Pasco County:

- | | |
|--|---|
| <input type="checkbox"/> Voter | <input type="checkbox"/> Candidate for office of: _____ |
| <input type="checkbox"/> Canvassing Board | <input type="checkbox"/> Registered Political Committee: _____ |
| <input type="checkbox"/> Election Official | <input type="checkbox"/> Political Party or official thereof: _____ |

I affirm that I am a person authorized by section 101.62(3), Florida Statutes, to acquire vote-by-mail request information.

X _____ Date: _____
(electronic signatures will not be accepted)

Requestor Name: _____ Telephone Number: _____

Requestor Address: _____

City: _____ State: _____ Zip: _____

Requestor Email Address: _____

This request is for the _____ Election.

Check all that apply:

All Voters or Democrats or Republicans or NPA/other: _____

Check all that apply:

Daily Weekly or Other: _____

Mail completed form to:

Supervisor of Elections
Candidate Department
PO Box 300
Dade City FL 33526-0300

OR

Scan and email to:

talligood@pascovotes.com

OR

Fax to:

352-521-4319
Attn: Candidate Department



East Pasco - Dade City (352)521-4302
Central Pasco - Land O' Lakes (813) 929-2788
West Pasco - New Port Richey (727) 847-8162