

# VOTE-BY-MAIL BALLOT REQUEST

Following Information Is required by law:

Name: \_\_\_\_\_  
(Please Print)

Date of birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Residence Address:

\_\_\_\_\_  
\_\_\_\_\_

Address ballot should be mailed to:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

} Optional contact information will be used only if contacting you is necessary.

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

NOTE: Hay disponible una línea directa gratuita de asistencia en el idioma: 833-828-3224



Fill in your choices:

Municipal. . . . .

Primary. . . . .

General. . . . .

All elections thru 2022 ..

Place me on permanent  
vote by mail status . . . . .

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 Statutes 101.62(1)b requires 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 law requires that the written request includes either your date of birth or voter identification number and your 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 <https://www.pascovotes.gov/TrackYourBallot>