



REQUEST FORM FOR VOTE BY MAIL (ABSENTEE) DATA

Requestor Name: _____ Contact Phone No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

(Where you want the web download link sent)

Absentee voter information for the _____ Election

All voters Dem voters Rep voters NPA/other: _____

Absentee ballot request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except to the following persons or entities who may obtain and use it for political purposes only:

1) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence) 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, and 6) Registered political committees.

Signature: _____ Date: _____

(Electronic signatures will not be accepted)

Mail completed form to:
Supervisor of Elections
Attn: Candidate Services
601 E. Kennedy Blvd.
16th Floor
Tampa, FL 33602

OR

Scan and return by email to:
Enjoli White at
ewhite@hcsae.org

OR

Fax to:
(813) 272-7043
Attn: Candidate
Services

