

VOTE-BY-MAIL CURE AFFIDAVIT - INSTRUCTIONS AND FORM

This affidavit is for a voter who returns a vote-by-mail ballot that does not include the voter's signature or whose signature does not match the voter's signature on file.

A. Instructions – READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the supervisor of elections office **no later than 5 p.m. on the second day after the election.** You must:

Complete and sign the affidavit below - sign on the line above “(Voter’s Signature)”

Make a copy of one of the following forms of identification (ID):

Tier 1 identification - *Current and valid ID that includes your name and photograph:* Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

OR if you do not have one of the above forms of ID, use one of these instead:

Tier 2 identification - *ID that shows your name and current residence address:* current utility bill; bank statement; government check; paycheck; or government document (excluding voter Information card).

Return the completed affidavit and the copy of your ID to the supervisor of elections office:

- Deliver in person or by someone else,
- Fax or email (attach the completed affidavit & copy of ID), or
- Mail, if time permits, (Insert the completed affidavit and copy of ID into a mailing envelope & address to the Supervisor; be sure there is sufficient postage and the Supervisor’s address is correct)

Contact information:

**Phone: (850) 983-1900 * Fax (850) 983-1829 * Email: peeterse@santarosa.fl.gov
6495 Caroline Street Ste F, Milton FL 32570**

REMEMBER, YOUR INFORMATION MUST REACH THE SUPERVISOR OF ELECTIONS NO LATER THAN 5 PM ON THE SECOND DAY AFTER THE ELECTION, OR YOUR BALLOT WILL NOT COUNT.

B. Form

Vote-by-Mail Ballot Cure Affidavit

I, _____, am a qualified voter in this election and registered voter of Santa Rosa
(Print voter's name)

County, Florida. I do solemnly swear or affirm that I requested and returned the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot will be invalidated.

Voter’s Signature

Voter’s Address