

Santa Rosa County Tappie Villane, Supervisor of Elections

6495 Caroline Street, Ste F, Milton FL 32570 (850) 983-1900 ★ KirstinG@santarosa.fl.gov

VOTE-BY-MAIL BALLOT REQUEST

Note: All written vote-by-mail ballot requests must be signed and all requests received by the Elections Office no later than 5:00 pm on the 10th day before the election per Florida Statutes 101.62 1(b)2.

(Print) Voter's Name Date of Birth	
(Print) Residential Address (C	Change? Yes or No)
(Print) If Mailing Address is Diffe	rent, please list above
*Must Provide Voter's Florida Driver's License Number, Florida ID	Number or Last 4 Social Security Number
Requestor Must Indicate Name, Address & Relationship to Voter	Must be a member of the immediate family or legal guardian Must also include requestor's DL/ID # or last 4 of SSN #
dditional Line for Name, Address & Relationship to Voter	
☐ Mail me a ballot for ALL elections in which I am eligible through t	he next regularly scheduled General Election
or Mail me a ballot for a specific election(s) <i>Circle</i> requested ballo	Presidential Preference Primary General Special Primary

*On May 6, 2021, the Governor signed updates to Florida Statutes 101.62 - Must provide the elector's Florida driver license number, the elector's Florida identification card number, or the last four digits of the elector's social security number.

Also new – Requests are good for only one election cycle.

	Requestor MUST sign	Date
Cannot process if NOT signed		