



REQUEST FORM FOR VOTE BY MAIL (ABSENTEE) DATA

Requestor Name: _____ Phone No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

(Where the login credentials will be sent)

Vote By Mail voter data for the _____ Election Cycle

Vote By Mail 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) Canvassing board, 2) Election official, 3) Political party or official thereof, 4) Registered political committees, 5) Candidate who has filed qualification papers and is opposed in an upcoming election, and 6) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence).

For electronic access to Vote by Mail request information from the Supervisors of Elections, check the applicable authorization category and submit this completed form:

- A candidate who has filed qualification papers and is opposed in an upcoming election**
- Canvassing Board**
- An Election Official**
- Registered Political Committee**
- A 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 ballot request information.

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@hcsoc.org

OR

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