VOTE BY MAIL (ABSENTEE BALLOT) REQUEST

Supervisor of Elections, Duval County
105 E. Monroe St.
Jacksonville, FL 32202 Ph. 630-1414 Fax 630-2920

*To check the status of your absentee ballot request, visit our FREE ACCESS SYSTEM at www.duvalelections.com

Voter's Name: _____
Please print clearly

Voter's Registration #: _____ OR Date of birth: _____
MM/DD/YYYY

Duval County Residence Address:	**Ballot(s) Requested for**:
Street: _____ City: _____ Zip: _____ Phone: _____ Permanent Residential Address change within Duval County? Yes ☐ No ☐	All elections through 2016: _____
Ballot mailing address (if different): Street: _____ City: _____ State: _____ Zip: _____ Out of Country? Please visit our website!	**Requester Information:** *Only an immediate family member or legal guardian may request an absentee ballot on behalf of another *F.S. 101.62(1)(b)* Name: _____ Address: _____ City/State/Zip_____ Relationship to voter:_____ Requestor DL if applicable: _____

Signature of voter/requester:_____ Date: _____

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