

VOTE BY MAIL 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 vote-by-mail 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: Street: _____ City: _____ Zip: _____ Phone: _____ Permanent Residential Address change within Duval County? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ballot(s) Requested for: All elections through 2020: _____
Ballot mailing address (if different): Street: _____ City: _____ State: _____ Zip: _____ Out of Country? Please visit our website!	Requester Information: <small>*Only an immediate family member or legal guardian may request a vote-by-mail ballot on behalf of another F.S. 101.62(1)(b)</small> Name: _____ Address: _____ City/State/Zip _____ Relationship to voter: _____ Requestor DL if applicable: _____
Signature of voter/requester: _____ Date: _____	

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