

Vote-By-Mail Ballot Request Form

Duval County Supervisor of Elections
105 East Monroe Street, Jacksonville, FL 32202
Phone (904) 630-1414 | Fax (904) 630-2920
DuvalElections.com

Voter's Name: _____

Voter's Registration Number or Date of Birth: _____

Duval County Residential Address

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please change my legal address on my voter Registration Record to the above residence address)

Ballot Mailing Address (if different than residential address)

Florida law prohibits vote-by-mail ballots from being forwarded by the post office. §101.62(4)(c)(1) Fla. Statutes

Street: _____

City: _____ State: _____ Zip: _____

Ballot Requested for:

Presidential Preference Primary 3/17/20 General Election 11/3/20

Primary Election 8/18/20 All elections through 2022

A vote-by-mail ballot request must be received by the Supervisor of Elections no later than 5:00 p.m. on the 10th day before the election. F.S. 101.62(2)

Signature of voter / requester: _____ Date _____

*Your signature on your mail ballot **must match** the signature on your voter's registration record. Please update your signature by completing a new voter's registration application.*

Requester's Information (if other than voter)

**Only an immediate family member or legal guardian may request a vote-by-mail ballot for a voter.
§ 101.62(1)(b) Fla. Statutes*

Requester's Name: _____

Requester's Address _____

Requester's Driver's License Number (if available): _____

Relationship to the voter: _____

**Per Florida's public records law, email addresses and/or phone numbers provided are public record.
You may track the status of your mail ballot from the "My Voter Status" button on our website.**