

# 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](http://www.duvalelections.com)

Voter's Name: \_\_\_\_\_

Please print clearly

Voter's Registration #: \_\_\_\_\_ OR Date of birth: \_\_\_\_\_

MM/DD/YYYY

<b>Duval County Residence Address:</b> Street: _____ City: _____ Zip: _____ Phone: _____ Permanent Residential Address change within Duval County? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Ballot(s) Requested for:</b> ____ Primary Election Aug. 28/2018 ____ General Election Nov.6, 2018 ____ First Election March 19, 2019 ____ General Election May 14, 2019 ____ All Elections
<b>Ballot mailing address (if different):</b> Street: _____ City: _____ State: _____ Zip: _____ Out of Country? Please visit our website!	<b>Requester Information:</b> <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: _____
<b>Signature of voter/requester:</b> _____ <b>Date:</b> _____	

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