

**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  
www.duvalelections.com/My Voter Status

**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> ____ Presidential Preference Pri: March 17, 2020 ____ Primary Election: August 18, 2020 ____ General Election: November 3, 2020 ____ All Elections through 2022
<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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