



## Request to Inspect Election Materials and Corresponding Comparison Signatures

### Observer Information

Name:	
Date of Birth:	Voter ID Number:
Residential Address:	
Phone Number:	Email Address:

### Organization Information (select one)

I am a:	
<input type="checkbox"/> Candidate <sup>1</sup> for the office of:	
<input type="checkbox"/> Political party <sup>2</sup> official of the political party:	
<input type="checkbox"/> Political committee <sup>3</sup> official of the committee:	
I am an authorized designee of:	
<input type="checkbox"/> Candidate <sup>1</sup> :	for the office of:
<input type="checkbox"/> Political party <sup>2</sup> official:	of the party:
<input type="checkbox"/> Political committee <sup>3</sup> official:	of the committee:
Please attach documentation establishing your credentials.	

### Inspection Period

I am requesting to inspect election materials and corresponding voter signatures at the following observation period(s):	
<input type="checkbox"/> Monday, October 14, 1 p.m.	<input type="checkbox"/> Thursday, October 17, 1 p.m.
<input type="checkbox"/> Monday, October 21, 1 p.m.	<input type="checkbox"/> Thursday, October 24, 1 p.m.
<input type="checkbox"/> Monday, October 28, 1 p.m.	<input type="checkbox"/> Thursday, October 31, 1 p.m.
<input type="checkbox"/> Saturday, November 2, 8:45 a.m.	<input type="checkbox"/> Monday, November 4, 8:45 a.m.
<input type="checkbox"/> Tuesday, November 5, 8:45 a.m.	<input type="checkbox"/> Tuesday, November 5, 3 p.m.
<input type="checkbox"/> Tuesday, November 5, 6:30 p.m.	<input type="checkbox"/> Friday, November 8, Noon p.m.
<input type="checkbox"/> Saturday, November 16, 8:45 a.m.	

We must receive your request no later than noon on the day before the inspection period will occur. This gives us time to staff the inspection period. If you do not show up within 15 minutes after the start of the inspection period, we will cancel the request. If you miss a requested inspection period, it cancels any future requests you may have made.

You can submit this request by email to [Vote@LeonVotes.gov](mailto:Vote@LeonVotes.gov), in person at the Elections Center at 2990-1 Apalachee Parkway, or by mail to PO Box 7357, Tallahassee, FL 32314-7357.

<sup>1</sup> Must be a qualified candidate in the election

<sup>2</sup> Must be a registered political party in Florida

<sup>3</sup> Must be a registered political committee in Florida