



**MARK S. EARLEY**  
 SUPERVISOR OF ELECTIONS  
 LEON COUNTY, FLORIDA

**Vote-by-Mail Ballot Request Form**

**Instructions:** Complete and return this form to request a Vote-by-Mail ballot for yourself or a family member. You can also request a Vote-by-Mail ballot by emailing [VBM@LeonVotes.gov](mailto:VBM@LeonVotes.gov) or calling (850) 606-8683. We must receive your request by 5 p.m., ten days before Election Day. Special options exist for military and overseas voters. Contact us for more information.

<b>Request ballot for the following elections</b>	<input type="checkbox"/> All 2022 elections	<input type="checkbox"/> August 23, 2022 Primary Election	<input type="checkbox"/> November 8, 2022 General Election
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<b>Voter's Information</b>	Name _____		FL Driver's License or ID Card # (if no DL or ID, write last four of Social Security #) _____
	Date of Birth	Email Address (optional)	Phone Number (optional)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
<hr/>			
<b>Residence Address</b> (where you live, cannot be a PO box)	Street _____		_____
	Tallahassee	Florida	_____
	City	State	Zip
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<b>Mailing Address</b> (where you receive mail, if different than residence address)	Street _____		_____
	City	State	Zip
	<input type="checkbox"/> Do not update my mailing address on file. Only send my ballot here.		
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<b>Complete this section if you are requesting a ballot for a family member.</b> Includes spouse, parent, child, grandparent, grandchild, sibling, spouse's sibling, or legal guardian.	Name _____		Relationship to Voter _____
	Street Address (cannot be a PO box) _____		
	City	State	Zip
	Phone Number (optional)	FL Driver's License or ID Card # (if no DL or ID, write last four of Social Security #)	
	_____	_____	
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<b>Signature (required)</b>	Signature (voter or family member) _____		Date _____