



**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** 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>	_____ Voter's Name		_____ FL Driver's License or ID Card # (if no DL or ID, write last four of Social Security #)							
	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>							_____ Date of Birth	_____ Email Address (optional)	_____ Phone Number (optional)
	_____ Voter's Signature		_____ Date							
<hr/>										
<b>Residence Address</b> (where the voter lives, cannot be a PO box)	_____ Street									
_____ City	_____ State	_____ Zip								
<b>Mailing Address</b> (where the voter receives 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.										
<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)	_____ Family Member's 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 #)							
	_____ Family Member's Signature		_____ Date							