

OMITTED SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

This affidavit is for a voter who returns a vote-by-mail ballot that does not include the voter's signature on the Voter's Certificate.

A. INSTRUCTIONS.

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the supervisor of elections of the county in which your precinct is located no later than 5:00 p.m. on the second (2nd) day after the election. You must:

- Complete and sign the affidavit below - sign on the line above "(Voter's Signature)";
- Make a copy of one of the following forms of identification (ID):

B. PROVIDE A COPY OF ONE OF THE FOLLOWING:

Tier 1 Identification You can provide a copy of <u>one</u> of the following current and valid identifications that includes your name and photograph:	Tier 2 Identification Only if you do not have a Tier 1 Identification. You can provide a copy of <u>one</u> of the following identifications that shows your name and current residence address:
<ul style="list-style-type: none"> <input type="checkbox"/> Florida driver license; <input type="checkbox"/> Florida identification card; <i>(issued by the Department of Highway Safety and Motor Vehicles);</i> <input type="checkbox"/> United States passport; <input type="checkbox"/> debit or credit card; <input type="checkbox"/> military identification; <input type="checkbox"/> student identification; <input type="checkbox"/> retirement center identification; <input type="checkbox"/> neighborhood association identification; <input type="checkbox"/> public assistance identification; <input type="checkbox"/> veteran health identification card; <i>(issued by U.S. Department of Veterans Affairs);</i> <input type="checkbox"/> Florida license to carry a concealed weapon or firearm; <input type="checkbox"/> or, employee identification card; <i>(issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality).</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> current utility bill; <input type="checkbox"/> bank statement; <input type="checkbox"/> government check; <input type="checkbox"/> paycheck; <input type="checkbox"/> or, government document <i>(excluding voter information card).</i> <p style="text-align: center; color: red; font-weight: bold; margin-top: 20px;"> IMPORTANT! If you provide a Tier 2 Identification instead of a Tier 1 Identification, your signature on this affidavit must match the signature on file in our office or your ballot may not count. </p>

C. RETURN METHOD FOR COMPLETED AND SIGNED AFFIDAVIT AND ID.

Remember, your information MUST reach your county supervisor of elections no later than 5:00 p.m. on the second (2 nd) day after the election, or your ballot will not count.		
Deliver in Person or by Someone Else <i>Visit our website or call for office locations.</i> www.lee.vote (239) LEE-VOTE (533-8683)	By Mail: (if time permits) <i>If you do not use the enclosed, postage-paid return envelope, please use the address below and affix sufficient postage so your affidavit reaches the Supervisor of Elections on time.</i> Supervisor of Elections P O Box 2545, Fort Myers, FL 33902-2545	By Fax or Email <i>(attach the completed affidavit and copy of your ID)</i> Fax: (239)-533-6322 Email: votebymail@lee.vote

D. VOTE-BY-MAIL CURE AFFIDAVIT.

I _____ am a qualified voter in this election and registered voter of Lee County, Florida. I do solemnly
PRINT VOTER'S NAME

swear or affirm that I requested and returned the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot will be invalidated.

X _____
Voter's Signature

Date

Voter's Date of Birth or Florida Voter Identification Number: _____

Voter's Address: _____