



VOTE-BY-MAIL BALLOT REQUEST FORM

Your request for a Vote-by-Mail ballot must be received by the Elections Office no later than 5:00 p.m. on the WEDNESDAY prior to an election.

Call: (239) LEE-VOTE (533-8683) or Visit: www.lee.vote

Tommy Doyle, Supervisor of Elections • P. O. Box 2545, Fort Myers, FL 33902-2545 • Fax (239) 533-6322

ATTENTION VOTER. Please check box if this is also a change of residence address WITHIN Lee County, Florida. Your signature is required! Another requester cannot sign for a voter's change of address.

Florida Law - [Required] items must be completed when requesting a vote-by-mail ballot.

1 REQUEST PER FORM	VOTER INFORMATION		PLEASE PRINT		
Voter's Name: [Required]	Last Name	First Name	Middle Name	Suffix	
Lee County Residence Address: [Required]	Address	Apt/Lot/Unit	City	Zip Code	
Mail Ballot To: <i>Only if different from residence address.</i>	Address	Apt/Lot/Unit	City	State	Zip Code
Date of Birth: [Required]	Month/Day/Year		Daytime Telephone #: <i>In case we need to contact you.</i>		
Voter's Signature:	[Required]	X			

The Post Office will not forward a Vote-by-Mail Ballot! *Are you traveling between elections? Make a separate request for each election in order to ensure you receive your ballot.*

VOTE-BY-MAIL BALLOTS REQUESTED [CHECK ALL THAT APPLY]	
• March 5, 2019	<input type="checkbox"/> City of Sanibel, Regular Election <input type="checkbox"/> Town of Fort Myers Beach, Regular Election <input type="checkbox"/> Village of Estero, Regular Election <input type="checkbox"/> Captiva Erosion Prevention District, Bond Referendum Special Election
• September 10, 2019	<input type="checkbox"/> City of Cape Coral, Primary Election <input type="checkbox"/> City of Fort Myers, Primary Election
• November 5, 2019	<input type="checkbox"/> City of Cape Coral, General Election <input type="checkbox"/> City of Fort Myers, General Election
• All Elections	<input type="checkbox"/> All elections for which I am eligible through 2022

You can track the status of your Vote-by-Mail ballot on our website.

REQUESTER OTHER THAN VOTER [PLEASE PRINT]				
COMPLETE PORTION BELOW ONLY IF REQUESTING THE BALLOT FOR SOMEONE OTHER THAN YOURSELF.				
Requester's Name: [Required]	Last Name	First Name	Middle Name	Suffix
Requester's Address: [Required]	Address	Apt/Lot/Unit	City	State Zip Code
Relationship to Voter: [Required] [Check One]	<input type="checkbox"/> legal guardian <input type="checkbox"/> child <input type="checkbox"/> grandparent <input type="checkbox"/> parent <input type="checkbox"/> sibling <input type="checkbox"/> spouse <input type="checkbox"/> spouse's grandparent <input type="checkbox"/> spouse's parent <input type="checkbox"/> spouse's child <input type="checkbox"/> spouse's sibling			
Driver's License #:				
Date of Birth:	Month/Day/Year		Daytime Telephone #: <i>In case we need to contact you.</i>	
Requester's Signature:	[Required]	X		