

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 Thursday, 12 days prior to the 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 <u>WITHIN</u> Lee County, Florida. Your signature is required! A requester **cannot sign** for a voter's change of address.

	Florid	a Law - [[Required]	items m	ust b	e compl	eted.		
	To request a Vote-B	By-Mail Ball	ot for yourself	, complete o	nly the	top part of	f the request f	orm.	
To re	equest a Vote-By-Ma	il Ballot for	someone who	directly inst	ructed	you to do	so, complete b	ooth parts.	
1 REQUES	T PER FORM	'	VOTER INF	ORMATIO	NC		PLE/	ASE PRINT	
Voter's Name:[Required]		Last Name			First Na	ame		Middle Name	Suffix
Lee County Residence Address: [Required]		Address	dress Apt/Lot/Unit			City Zip Code			
		Address	Ар	t/Lot/Unit		City	State	Zip	Code
Only if different from residence address.				ľ					
	Month/Day/	Month/Day/Year Daytime Te				lephone #:			
[Required]					In case	we need to	contact you.		
*We recommend you provide both to			orida Driver's Number or Florida Identification			*Last 4-Digits of Social Security Number			
ensure we can verif									
Voter's Signature: [Required] X									
Voter's signature is required for written requests or when the mailing address for a ballot differs from the one on file in the voter's record.									
Exception: An absent uniformed services voter's or overseas voter's ballot mailing address may differ from the one on file in the voter's record.									
Florida Law does not allow Vote-by-Mail ballots to be sent by forwardable mail!									
Are you traveling between elections? Make a separate request for each election to ensure you receive your ballot.									
VOTE-BY-MAIL BALLOTS REQUESTED [CHECK ALL THAT APPLY]									
May 21, 2024 Captiva Erosion Prevention District Special Election						Mail to: Residence Mailing Address			
May 21, 2024						Mail to: Residence Mailing Address			
August 20, 2024 Primary Election						Mail to: Residence Mailing Address			
November 5, 2024 General Election						Mail to: Residence Mailing address			
All Elections All elections for which I am eligible through December 31, 2024. Vote-by-mail requests expire on December 31, 2024.									
REQUESTER OTHER THAN VOTER [PLEASE PRINT]									
Requester's Name:			Name		FIRST N	ame		Middle Name	Suffix
[Required]									
Requester's Address:			ress	Apt/Lot/U	nit		City	State Zi	p Code
[Required]									
Relationship to Voter:			□spouse □parent □child □grandparent □grandchild □sibling □parent of voter's spouse						
[Required] [Check One]			□child of voter's spouse □grandparent of voter's spouse □sibling of voter's spouse □voter's legal guardian □designee for a voter with a disability						
Driver's License #:									
Date of Birth:			th/Day/Year		Daytime Telephone #:				
					In cas	e we need to	contact you.		
Requester's Signature:			quired X						

The requester's signature is required for written requests.