



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 WITHIN Lee County, Florida. Your signature is required! A requester **cannot sign** for a voter's change of address.

Florida Law - [Required] items must be completed.

To request a Vote-By-Mail Ballot for yourself, complete only the top part of the request form.

To request a Vote-By-Mail Ballot for someone who directly instructed you to do so, complete both parts.

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>		
Identification: [Required] <i>*We recommend you provide both to ensure we can verify your voter record.</i>	*Florida Driver's Number or Florida Identification Number		*Last 4-Digits of Social Security Number		

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]

March 19, 2024	<input type="checkbox"/> Presidential Preference Primary Election	Mail to: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing Address
August 20, 2024	<input type="checkbox"/> Primary Election	Mail to: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing Address
November 5, 2024	<input type="checkbox"/> General Election	Mail to: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing address
All Elections	<input type="checkbox"/> 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: [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"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> parent of voter's spouse <input type="checkbox"/> child of voter's spouse <input type="checkbox"/> grandparent of voter's spouse <input type="checkbox"/> sibling of voter's spouse <input type="checkbox"/> voter's legal guardian <input type="checkbox"/> designee for a voter with a disability			
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**

The requester's signature is required for written requests.

You can track the status of your Vote-by-Mail Ballot at WWW.LEE.VOTE.