



**2016 ABSENTEE BALLOT REQUEST FORM**  
SUPERVISOR OF ELECTIONS  
Leon County, Florida, USA



- This form can **ONLY** be used for requesting an Absentee Ballot for **YOURSELF** or an **IMMEDIATE FAMILY MEMBER**.
- The **LAST DAY** to request an Absentee Ballot is the **WEDNESDAY** before the election. See [www.LeonVotes.org](http://www.LeonVotes.org) for more information.
- Ballots are mailed out the following weekday after the processing of your completed request form.
- Your completed Absentee Ballot **MUST** be **RECEIVED** at the Supervisor of Elections Office (**NOT your precinct or the Post Office**) **NO LATER THAN 7:00PM** on the day of the election, or your vote **WILL NOT** be counted.
- This form is for one voter. Households cannot combine requests.

**Check next to the election(s) for which you are requesting an Absentee Ballot:**

*If you are traveling between elections, make a separate request for each election so the mailing address will be correct.*

\_\_\_\_\_ All elections through 2018      \_\_\_\_\_ 2016 Presidential Preference Primary      \_\_\_\_\_ August 30, 2016 Primary Election      \_\_\_\_\_ November 8, 2016 General Election

*\*Required: You must provide either your Dater of Birth or your Voter Registration #:*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Voter Registration #: \_\_\_\_\_

*\*Required:*

*\*Required if different than residence:*

Residence Address: \_\_\_\_\_ (NOT a P.O. Box) \_\_\_\_\_  
Tallahassee, FL \_\_\_\_\_

Mail Ballot to: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Country: \_\_\_\_\_  
(if not USA)

Voter Status: (choose only one)

\_\_\_\_\_ Civilian, in Country    \_\_\_\_\_ Civilian, out of Country    \_\_\_\_\_ Military, in Country    \_\_\_\_\_ Military, out of Country

*\*If requesting for an immediate family member, have the REQUESTER complete ALL of the following:*

NOTE: Only the voter, a member of the voter's immediate family [designee's spouse, parent, child, grandparent, sibling of the designee of designee's spouse (in-laws)], or the voter's legal guardian may request a ballot. F.S. 101.62(4)(b)4.

Name: \_\_\_\_\_ Relationship to Voter: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
\_\_\_\_\_  
Driver's License #: \_\_\_\_\_

*\*Required for Voter  
or Requester:*

Signature \_\_\_\_\_

You can mail this signed form to Supervisor of Elections Office, P.O. Box 7357, Tallahassee, FL 32314-7357  
or fax it to (850) 606-8683 or deliver it to our office at 315 South Calhoun Street, Suite 110, Tallahassee, FL 32301