



# LEON COUNTY MAIL BALLOT REQUEST FORM

2990-1 Apalachee Parkway  
Tallahassee FL 32301

850-606-8683

LeonVotes.org

*Requests for ballots must be received not later than 5:00 P.M. six days before the election. Vote-by-Mail Ballots can also be made on our website or by calling our office.*

### Check next to the election(s) for which you are requesting a Vote-by-Mail Ballot:

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

All elections  
through 2022

March 17, 2020  
Presidential Preference

August 25, 2020  
Primary Election

November 3, 2020  
General Election

### VOTER INFORMATION

Fields with an asterisk (\*) are required

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

### VOTER STATUS:

*check all that apply.*

I am active duty military

I am a military dependent

I am currently residing overseas

**Residence Address\***: (not a P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tallahassee, FL

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

*Email addresses and/or phone numbers will be used to contact voters regarding issues with their Vote-by-Mail Ballot.*

**Mail Ballot to:** (if different from residence address – overseas and military voters may specify an email address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Update my **mailing** address to the above ballot address (your **residence** address will stay the same)

**Only** send the requested Vote-by-Mail Ballots to the specified ballot address

**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 mail ballot. F.S. 101.62(4)(b)4*

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship to voter: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE\*** of voter *or* requester

\_\_\_\_\_  
**DATE**

You can mail this signed form to the Supervisor of Elections Office, P.O. Box 7357, Tallahassee FL 32314-7357, fax it to (850) 606-8601, deliver it to our office 2990-1 Apalachee Parkway, Tallahassee, FL 32301, or email it to [VBM@leoncountyfl.gov](mailto:VBM@leoncountyfl.gov)